



# False Bay Surf Lifesaving Club

## Nipper Membership Application Form 2018/2019

Nippers (8 to 14)     Micro-Nippers (4 to 7)

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

Nipper's Last Name: \_\_\_\_\_

First Names: \_\_\_\_\_

Nipper's First Names: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Date of Birth: DD/MM/YYYY

Home Number: \_\_\_\_\_

Age on 01 October 2018: \_\_\_\_\_  Male  Female

Work Number: \_\_\_\_\_

ID/BC Number: \_\_\_\_\_

Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Please send us FBSLC email newsletter: Yes    No

**Please complete one membership form per person**

Membership Type:     New Member     Renewal     Family Membership     Single Membership

*We require a copy of:*     One parent's ID and     a copy of your child's birth certificate, please.

Previous Nipper Award(s) Achieved:

Nipper Award Level 1

Nipper Award Level 2

Nipper Award Level 3

Please provide us with a copy of your Certificates.

Previous lifesaving club? \_\_\_\_\_

Number of years: \_\_\_\_\_

Valid clearance certificate attached?

Reason for leaving: \_\_\_\_\_

Do you have any physical or mental disability? Please specify:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about?

\_\_\_\_\_

How did you hear about False Bay SLC?

family    friends    online    flier    other: \_\_\_\_\_

Why do you want to become a nipper or lifeguard or join FBSLC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any notes?

Suffer from Asthma?  \_\_\_\_\_

Suffer from ear ailments?  \_\_\_\_\_

Have grommets?  \_\_\_\_\_

Wear spectacles or contacts?  \_\_\_\_\_

Have motor skill problems?  \_\_\_\_\_

Have low muscle tone?  \_\_\_\_\_

Broken a bone in your body?  \_\_\_\_\_

Other?  \_\_\_\_\_

**NB: Club Fees are due by 01 December each year!**

**IMPORTANT Please complete:  
Club Indemnity / Parent Consent Form  
on the reverse.**

*Please complete & return to [nippers@fbslc.org.za](mailto:nippers@fbslc.org.za) or hand in at the club.*

Visit us online at: [www.fbslc.org.za](http://www.fbslc.org.za) | [facebook.com/falsebay.lifesaving](https://facebook.com/falsebay.lifesaving) | [twitter.com/fbslc](https://twitter.com/fbslc)



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## Indemnity Form

Active Nipper Member Parent Consent Form (for under 18's)

I, \_\_\_\_\_ (PLEASE PRINT), being the father/legal guardian/custodian parent of:

(FULL NAME, PLEASE PRINT) \_\_\_\_\_, do hereby apply for him/her to become a member of the False Bay Surf Life Saving Club (hereafter referred to as "the Club").

I will abide by the rules and conditions as laid down in the constitution of the Club as well as those laid down by Lifesaving South Africa and Lifesaving Western Province.

I fully understand and accept that all activities are undertaken at my son's/daughter's/ward's own risk.

I am aware that neither Lifesaving South Africa nor its members or affiliated members accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any lifesaving activity and I waive any right that I or my son/daughter/ward may have to claim compensation against Lifesaving South Africa or any of its members or affiliated members or agents in respect of any loss, injury or damage incurred whilst engaged in any lifesaving activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

I further understand that membership fees must be paid on or before the last day of November each year or before commencing any lifesaving examinations if this is before the due date.

Signed: \_\_\_\_\_  
(Legal Guardian/Custodian Parent)

Date: \_\_\_\_\_