



False Bay Surf Lifesaving Club

Junior/Senior Membership Application Form 2018/2019

Please complete & return to secretary@fbslc.org.za or hand in at the club

Last Name: _____

First Name(s): _____

Date of Birth: DD/MM/YYYY

Age at 01 October 2018 _____ Male / Female

ID Number: _____

Residential Address: _____ Postal Address: _____

Code: _____ Code: _____

Membership type: Active Junior (u/19 y.o.)

(please tick) Active Senior

Qualifying Certificate (QC)

Other: Non-Active / Social

Official: LWP / LSA / Other

Qualifications Attained:

Lifeguard Award (LA) Date: _____

Junior Lifeguard Award (JLA) Date: _____

Qualifying Certificate Date: _____

First Aid Level 1 Date: _____

First Aid Level 3 Date: _____

Other: _____ Date: _____

Other: _____ Date: _____

Please provide us with a copy of your certificates.

Do you have any disabilities? Please specify: _____

Have you been diagnosed with any medical condition(s)? _____

Do you get, or have you had: Please Circle

Asthma Allergies Ear Problems Epilepsy Diabetes

Is there anything else we should know about? _____

How did you hear about False Bay Surf Lifesaving Club?

family friends online flier other: _____

Visit us online at: www.fbslc.org.za | facebook.com/falsebay.lifesaving | twitter.com/fbslc

Cell Number: _____

Home Number: _____

Email Address: _____

Parent's / Alt. Email: _____

Emergency Contact: _____

Emergency Number: _____

School/Study/Company: _____

Parent's Occupation: _____

Parent's Place of Work: _____

Would your company be willing to sponsor FBSLC?

We require a copy of your ID please.

Yes No

Previous lifesaving club? _____

Number of years: _____

Valid clearance certificate attached? _____

Reason for leaving: _____

IRB Crewman Date: _____

IRB Driver Date: _____

Helicopter Crewman Date: _____

Instructor Date: _____

Technical Official Date: _____

Examiner Date: _____

Nipper Examiner Date: _____

IRB Examiner Date: _____

Why do you want to become a lifeguard / join FBSLC? _____

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

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



Indemnity Form

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

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: _____

Indemnity Form (for over 18's)

I, _____ (PLEASE PRINT),
fully understand and accept that all activities are undertaken at my own risk
as 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 the Lifesaving Western Province.

I am aware that neither Lifesaving South Africa nor its members or affiliated members accept responsibility for any loss, injury or damage that my person or property may sustain whilst engaged in any lifesaving activity and I waive any right that I 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 examination if this is before the due date.

Signed: _____

Date: _____