



Renewal

New Member

Upgrade

Transfer

**Personal Information**

Title		
First Name		
Initial		
Surname		
DOB		
Gender		
Aust Citizen	<b>Yes</b>	<b>No</b>

**Contact Information**

Address		
Suburb		
State		
Postcode		
Country		
Home Ph		
Mobile		
Fax		
Email Address		

**Emergency Contact Information**

Name		
Relationship		
Home Ph		
Mobile		

**Medical Information**

Medical Conditions		
Asthmatic (Yes or No)		
Swimmer with Disability <b>Y or N</b>		
Classification Number if you have one		

Following are some important declarations that need to be signed before submission.

**DECLARATION**

1. I agree to abide by the rules, regulations and policies of Swimming WA, Swimming Australia and the West Coast Swimming Club, including West Coast's Code of Conduct and Australian Swimming's Behavioural Guidelines, Anti-Doping, Member Protection and Privacy Policies (these are available at [www.swimming.org.au](http://www.swimming.org.au) and [www.westcoastswimclub.com.au](http://www.westcoastswimclub.com.au)).

2. I authorise West Coast Swimming Club, Swimming WA and Swimming Australia to use and disclose, to related and relevant bodies any of my personal information that may be necessary to implement the rules, regulations and policies in 1 above. I agree to have my name, results and any photograph taken during events conducted by Swimming WA, unless I or any guardian indicates otherwise, published in official programs, newsletters and websites and other media.

