



OFFICE USE ONLY
DATE REC:
TM:
MAILING LIST:
ACC NO:

PENGUINS SWIMMING CLUB REGISTRATION FORM 2018-19

THIS IS A 2-SIDED (2 PAGE) FORM. PLEASE ENSURE YOU HAVE COMPLETED ALL SECTIONS

SWIMMER INFORMATION

SURNAME:		FIRST NAME:	
DATE OF BIRTH: DD / MM / YYYY	GENDER:	SCHOOL ATTENDING:	
HOME ADDRESS:		CODE:	
POSTAL ADDRESS: (if different)		CODE:	

EXISTING CLUB MEMBER:	<input type="checkbox"/>	or NEW CLUB MEMBER:	<input type="checkbox"/>	(please tick one)
COMPETITIVE SWIMMER	<input type="checkbox"/>	or NON-COMPETITIVE SWIMMER	<input type="checkbox"/>	(please tick one)
T SHIRT SIZE: (unisex – please circle)	11-12yr / 13-14yr S / M / L / XL			

VENUE (circle where swimmer attends):	GHS – CORDWALLES - HILTON COLLEGE – LADDSWORTH – SJS – ST ANNES – AQUARIUS CLUB
COACH (circle who swimmer trains with):	MANDY WHEELER - SHERALEE JOLLIFFE - JO JOUBERT-MAY - VERITY DEANE - BEV SHUTTLEWORTH - BRETT CROESER – WILLY WILLIAMS
MONTH THAT SWIMMER STARTED THIS SEASON:	

PARENT INFORMATION

MOTHER		FATHER	
FULL NAME:		FULL NAME:	
OCCUPATION:		OCCUPATION:	
DAYTIME CONTACT NO:		DAYTIME CONTACT NO:	
CELL NO:		CELL NO:	
EMAIL:		EMAIL:	

TERMS & CONDITIONS – ALL SWIMMERS

SWIMMERS & PARENTS TO PLEASE READ THE FOLLOWING AND TICK ALONGSIDE

WE HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED REGARDING: CLUB REGISTRATION PROCESS & FEES FOR THE 2018-19 SEASON	<input type="checkbox"/>
WE HAVE READ AND UNDERSTOOD THE COMPETITIVE or NON-COMPETITIVE SWIMMING TERMS & CONDITIONS AND AGREE TO ABIDE BY THEM	<input type="checkbox"/>
WE UNDERSTAND THAT CLUB REGISTRATION FEES ARE TO BE PAID ON TIME AND AGREE TO DO SO	<input type="checkbox"/>
SHOULD THE SWIMMER STOP TRAINING WITH PSC FOR ANY REASON, WE AGREE TO GIVE ONE MONTHS NOTICE ON THE 1 ST OF THE MONTH TO THE COACH. UNTIL WRITTEN NOTICE IS RECEIVED BY THE COACH, WE REMAIN RESPONSIBLE FOR COACHING FEES. WE UNDERSTAND THAT THERE ARE NO REFUNDS ON CLUB REGISTRATION FEES.	<input type="checkbox"/>

FORM MUST BE COMPLETED AND RETURNED BY THE END OF THE FIRST MONTH OF SWIMMING TO:
YOUR COACH or SCAN/EMAIL to PSC: secretary@penguinssc.co.za

COMPETITIVE SWIMMERS ONLY:

WE AGREE TO PROVIDE AN OFFICIAL AS REQUIRED FOR GALAS THE SWIMMER COMPETES IN	
WE TAKE RESPONSIBILITY ALONGSIDE THE COACH TO CHECK ENTRIES PRIOR TO SUBMISSION TO GALA HOST AND TO RE-CHECK ONCE RETURNED, REPORTING ANY ERRORS OR CHANGES TO THE COACH AND PSC SECRETARY	
THE ACCOUNT HOLDER AGREES TO SETTLE GALA FEES PRIOR TO THE FIRST DAY OF THE GALA. WE UNDERSTAND THAT SHOULD PAYMENT NOT BE MADE ON TIME, ENTRIES WILL BE SCRATCHED	
WE WILL TAKE NOTE OF THE RULES FOR EACH GALA THE SWIMMER ATTENDS AND WILL BE ACCOUNTABLE FOR ANY BREACH	

INSURANCE – ALL SWIMMERS**PLEASE READ THE FOLLOWING AND TICK TO SHOW YOU HAVE READ & UNDERSTOOD**

Penguins Swimming Club (PSC) takes out an annual Public Liability Policy which covers PSC for any acts of negligence on their part which might cause personal injury or death to a person or persons and loss of or damage to property belonging to third parties. In order for the policy to respond, the club or the staff acting on behalf of the club must be proven totally negligent in the execution of their duties. The policy covers anyone with whom PSC interacts with as part of its operations (swimmers, spectators, etc) at any of our venues and venues where PSC is carrying out its duties (eg any KZNA gala venue)	
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SIGNATURES – ALL SWIMMERS**SIGNATURES BELOW SHOW AGREEMENT WITH ALL OF THE ABOVE**

SWIMMER:	
BOTH PARENTS (where possible):	
PERSON RESPONSIBLE FOR ACCOUNT:	
SIGNED AT:	DATE: DD / MM / YYYY

THANK YOU FOR COMPLETING THE FORM**PLEASE NOW RETURN IT TO THE CLUB SECRETARY AT: secretary@penguinssc.co.za**

YOU WILL BE ISSUED WITH AN INVOICE FOR THE CORRECT AMOUNT OF REGISTRATION FEES ACCORDING TO THE MONTH THAT YOUR SWIMMER STARTED

BANKING DETAILS WILL BE ON THE INVOICE AND BELOW:

BANK: STANDARD BANK
ACC NAME: SUNDAY TRIBUNE PENGUINS
ACC NO: 250024306
BRANCH CODE: 057525

REF: SURNAME & COACH FIRST NAME

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