



# SOUTH AUSTRALIAN WATER POLO INC

Form SL2

## Application for Membership 2008-2009

TAX INVOICE

ABN 30 154 176 949

All players, coaches, referees, volunteers and participants must sign the declaration below. Incomplete forms will not be accepted and will be returned.

Note – a Transfer Form must be completed if registering with a different club this year

CLUB*					
SURNAME*			GIVEN NAME*		
STREET*					
SUBURB*			STATE*		POSTCODE*
DATE OF BIRTH*			GENDER*	<input type="checkbox"/> Male <input type="checkbox"/> Female	
HOME PHONE*			WORK*		
MOBILE*			OCCUPATION/SCHOOL		
EMAIL*					
EMERGENCY CONTACT*	NAME*	REL'SHIP TO MEMBER*			
	ADDRESS	EMERGENCY PHONE*			
		ALTERNATIVE PHONE*			

\* Required Information

### MEMBER CATEGORY

Fee inclusive of GST

Payment should be made to Club Treasurer

Membership valid to **31 August 2009**

NEW	RENEWAL	OTHER
<input type="checkbox"/> Senior <b>\$172 + club</b>	<input type="checkbox"/> Senior <b>\$204 + club</b>	<input type="checkbox"/> Referee <b>\$36 + club</b>
<input type="checkbox"/> Junior <b>\$93 + club</b>	<input type="checkbox"/> Junior <b>\$139 + club</b>	<input type="checkbox"/> Coach <b>\$36 + club</b>
<input type="checkbox"/> School <b>NA</b>	<input type="checkbox"/> School <b>NA</b>	<input type="checkbox"/> Official <b>\$36 + club</b>
<input type="checkbox"/> Flippa <b>\$27 + club</b>	<input type="checkbox"/> Flippa <b>\$27 + club</b>	<input type="checkbox"/> Affiliate/Associate <b>\$36 + club</b>

I wish to receive email circulars  YES  NO  
 I wish to be contacted about referee accreditation  YES  NO  
 I wish to be contacted about coaching accreditation  YES  NO

Please indicate if you are prepared to allow the Association to provide your address details to Association sponsors. Your approval to pass this information on would be greatly appreciated.  YES  NO

Information on this form is entered into SAWPI's and Australian Water Polo Inc's (AWPI) database of registered members or officials. Database information may be passed onto relevant affiliated State bodies from time to time. Coaches or officials may be sent relevant information as a consequence of a member's inclusion in a representative team. Information will be disclosed in accordance with the Association's Privacy Policy which can be viewed via the AWPI web site [www.waterpoloaus.asn.au](http://www.waterpoloaus.asn.au)

### DECLARATION

- I hereby apply for membership of SAWPI and to agree to abide by the provisions of the Constitution and By-Laws of SAWPI and AWPI. I will also abide by all SAWPI policies and AWPI policies applicable to my membership including Anti-Doping Policy, Codes of Behaviour and Member Protection Policies which can be viewed via the AWPI web site [www.waterpoloaus.asn.au](http://www.waterpoloaus.asn.au).
- I tender the appropriate fees necessary for the consideration and acceptance of my Application for Membership.
- I acknowledge that the sport of water polo involves strenuous exercise and physical contact. I accept any risk my involvement may have.
- I understand and agree that any photographs, film or images of me or any other media information in connection with me or my activities with AWPI or any of its affiliates are and remain the property of AWPI and may be used by AWPI for any form of publicity or advertising which AWPI in its sole discretion desires to use.
- I hereby represent the information given in this application is true and correct to my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian to sign if Player under 18 years of age

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please turn over.....*

### OFFICE USE ONLY

REGISTRATION NUMBER:

DATE RECEIVED:

AMOUNT PAID:

RECEIPT NUMBER:



# SOUTH AUSTRALIAN WATER POLO INC

## IMPORTANT NOTICE TO PLAYERS – YOU MUST READ THIS CAREFULLY

### PARTICIPATION AGREEMENT (ACKNOWLEDGMENT, WAIVER AND INDEMNITY)

I, ..... the player named below, **ACKNOWLEDGE**:

- The activities associated with training for and playing water polo can be hazardous and that serious accidents causing death, bodily injury, disability and damage (including property damage) can and do happen;
- South Australian Water Polo Inc (“SAWPI”) through its affiliation with Australian Water Polo Inc maintains limited insurance cover on players registered with SAWPI provided such registration is current at the time of the event giving rise to a claim on such insurance (“the Insurance Scheme”).

**IN CONSIDERATION** of my being allowed to participate in the sport of water polo administered by SAWPI and/or in consideration of the benefits which are available to me (or on my behalf) through the Insurance Scheme (the Schedule of Benefits of which I have read, acknowledged and accepted as being reasonable compensation, available on AWPI Web site [www.waterpoloaus.asn.au](http://www.waterpoloaus.asn.au)) **I:-**

- **Acknowledge and assume all risk** of death, bodily injury, disability or damage (including property damage);
- **Waive all claims** which may be made by me or on my behalf against AWPI, SAWPI, its servants, agents and all persons and corporations operating under its auspices and authority and all players, referees, coaches, trainers and others registered with it (individually and collectively called “Associates”) for death, bodily injury, disability or damage (including property damage);

arising by, through or in connection with SAWPI caused or contributed to by acts of negligence or breach of contract by SAWPI and its Associates to the full extent permitted by law.

**FURTHER FOR THE CONSIDERATION** set out above **I indemnify** SAWPI and its Associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that SAWPI and its Associates are not already indemnified or insured.

**I AM AWARE** this is a legal document and that I have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm that I have signed this Agreement of my own free will knowing that **I have relinquished important legal rights.**

**PRINT NAME** \_\_\_\_\_ **SIGNED** \_\_\_\_\_  
**DATE** \_\_\_\_\_ **WITNESS** \_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_

**In the case of the above named player being under the age of eighteen (18) years, I**, the parent or guardian of such player **acknowledge I have read this document** and have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm **I have accepted its terms** on behalf of such player and **in consideration** of such player being allowed to participate in the sport of water polo administered by SAWPI **I indemnify SAWPI** and its Associates against all liability arising as a result of such player’s negligence (or the negligence of such player’s servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that SAWPI and its Associates are not already indemnified or insured.

**PRINT NAME** \_\_\_\_\_ **SIGNED** \_\_\_\_\_  
**DATE** \_\_\_\_\_ **WITNESS** \_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_