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**Ruakaka Surf Life Saving Patrol (Inc)**

PO Box 32, Ruakaka 0151, Ruakaka Beach, Northland

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## MEMBERSHIP FORM 2018/2019

Please tick

Membership Renewal (Returning members)       New Membership (or transfer from another club)

Section A – Members Details					
Parent or Guardian Names (Junior Surf)	DOB	M/F	Occupation	Email Address	Mobile Ph.
Member Names	DOB	M/F	Occupation	Email Address	Mobile Ph.
Parent/Guardian/Caregiver Consent					
I am the parent/guardian/caregiver of all above applicants under 18 years of age. I have read and understood this application form and the membership declaration (overpage). I understand the form and the declaration and I consent to the applicant's application for membership on the basis set out in the form and declaration. Upon signing, Ruakaka SLSP will enter your consent onto the SLSNZ database.					
Name:		Signature:		Date:	
Section B – Contact Details					
Address:			Private Phone:		
Suburb:			Work Phone:		
Town/City:			Postcode:		
Section C – Emergency Contact Details					
Name:			Private Phone:		
Relationship:			Mobile:		
Section D – Medical Conditions or Disabilities					
Do any of the members suffer from any disease or condition, either physical or mental that would affect their ability to safely participate in any authorised or recognised activities of the Club, the District or SLSNZ? If YES, please specify. <input type="checkbox"/> YES <input type="checkbox"/> NO					
Name:			Condition:		
Name:			Condition:		
Name:			Condition:		
Name:			Condition:		

## SLSNZ MEMBERSHIP DECLARATION

1. The details set out in the Application for Membership Form are true and correct. If they change I acknowledge that I am required to notify my Club of the changes, in writing, as soon as possible after they occur.
2. I will be bound by the constitutions, regulations, policies, manuals, guidelines and reasonable directions of the Club, the District and SLSNZ respectively.
3. I have voluntarily accepted and assumed the inherent risk of danger and injury in surf lifesaving.
4. I will not hold my Club, the District, SLSNZ or their respective officers responsible for any claims, losses and expenses which may arise from or In connection with my membership and/or participation in any activity authorised or recognised by my Club, the District or SLSNZ except in the case of gross negligence or a wilful act or omission on the part of my Club, the District or SLSNZ.
5. I indemnify my Club, the District and SLSNZ from all claims, losses and expenses suffered or incurred at anytime, occurring as a result of or resulting directly or indirectly from my failure to observe the constitutions, regulations, policies, manuals, guidelines and reasonable directions of my Club, the District and SLSNZ respectively.
6. I am medically and physically fit and do not suffer from any disease or condition, either physical or mental that would affect my ability to safely participate in any authorised or recognised activities of my Club, the District or SLSNZ. If I am unsure about this declaration, or suffer from such a condition I am aware that I must bring it to the attention of my Club, the District and SLSNZ.
7. I understand that my Club, the District and SLSNZ will collect personal information about me for the purpose of:
  - (a) Processing my application for membership;
  - (b) Providing me with Information relating to my interest group (if I have ticked the box(es));
  - (c) Providing me with information and activities relating to my Club, the District and SLSNZ;
8. I understand that my personal information will only be used for the purposes listed in paragraph 7 and that:
  - (a) My personal information will be held securely;
  - (b) I will have access to my personal information;
  - (c) My personal information will be corrected upon request.
9. I understand that upon payment of my membership fee I will become a member of my Club, the District and SLSNZ and that by paying such fee each year by the due date, I will continue to be a member of my Club, the District and SLSNZ unless I resign or my membership is terminated.

### DECLARATION (all members 18 years of age and over to sign)

*I have read and consent to the Membership Declaration. Upon signing, Ruakaka SLSP will enter your consent onto the SLSNZ database.*

<b>Signature:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Date:</b>

<b>Club Use Only</b>	
<b>Date of Application:</b>	<input type="checkbox"/> Membership form(s) completed & signed <input type="checkbox"/> Payment received. Receipt No. _____ <input type="checkbox"/> Entered onto database
<b>Amount Paid \$:</b>	<b>Application complete – (Signature of Club Officer)</b>