

Stafford State School Amateur Swimming Club Registration Form 2017/2018

Fill out and return this registration form either via email: admin@staffordstingers.com.au or to the swimming club office on club nights. Payment is not required until you begin your first club night of the season.

Signature	Print Name			Date
☐ By checking this box, I ag	gree to abide by the code of condu	ct.		
Language should beThe property and gro	cted to treat others in a respectful man respectful, shouting, swearing and abu punds of the swimming club should be be adhered to, instructions given by th	use are not acceptable. treated with respect and not	_	ed.
	e by the code of conduct. The full code sult in families being suspended from t		_	
Code of Conduct				
\square By checking this box, I u	nderstand the minimum volunteeri	ing requirements througho	ut the season.	
volunteering duties at least ha	rs to provide assistance throughout the lf the club nights throughout the seasc ting in the canteen. Failure to voluntee nedals they may win.	on. These duties include but ar	e not limited to se	et up, pack up, time-
\square By checking this box, I gi	ve permission to the club to use ph	notos as stated above.		
	ographs hay be taken of swimmers, these photo the club. Please tick the box below to			
	n half season or the full season. No poi			re outstanding.
 □ 1st half of season □ 2nd half of season 	\$30 per swimmer \$30 per swimmer		otal: otal:	
Registration Fees				
Firstname	Surname (if different)	Date of Birth	School	
Firstname	Surname (if different)	Date of Birth	School	
Firstname	Surname (if different)	Date of Birth	School	
Firstname	Surname (if different)	Date of Birth	School	
Firstname	Surname (if different)	Date of Birth	School	
Swimmers				
Email (will be used for club c	ommunications)			
Firstname	Surname	Mobile	Alt. Pho	one
Firstname	Surname	Mobile	Alt. Pho	one
Parents / Guardians				