



Mount Maunganui Lifeguard Service 2011/2012 Junior Surf Registration Form

SURNAME: _____	EXISTING MEMBER	NEW MEMBER
	(please circle one)	

1. PARENTS/CAREGIVERS CONTACT DETAILS

Parents Full Name 1: _____

Parents Full Name 2: _____

Home Contact Address of Parent:/s: _____

Home Phone: _____ Mobile Phone: _____

Email Address (for Club Correspondence): PLEASE PRINT CLEARLY

Please note: The Mt Maunganui Lifeguard Service's method of communication is by email, please provide a valid e-mail address. We can only guarantee delivery of Club Newsletters & information when an e-mail address has been provided. Please state above if no e-mail address is available so we can use alternative means of communication for you.

2. CHILD/REN DETAILS

Full Name: _____ Male / Female

Date of Birth: _____ Age at 30th September 2011: _____

Full Name: _____ Male / Female

Date of Birth: _____ Age at 30th September 2011: _____

Full Name: _____ Male / Female

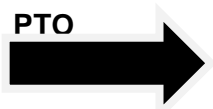
Date of Birth: _____ Age at 30th September 2011: _____

Full Name: _____ Male / Female

Date of Birth: _____ Age at 30th September 2011: _____

Ocean Athlete Development Programme (for 10-13 year olds)

Cost: Coaching \$165.00 Tick box to confirm
Board Hire \$110.00 (allocated) \$45.00 (unallocated)



3. MEDICAL INFORMATION

If your child/ren suffer or has suffered from any disease or any physical or mental disability (eg: epilepsy, diabetes or any permanent disability to a limb, eye or ear) likely to affect their ability as a Junior Surf member, it may impact on their safety or the safety of others in the programme. It is therefore suggested that you consult with your child's medical practitioner for their advice prior to your child commencing the Junior Surf Programme.

Does your child/ren have any Medical or general conditions we should know about?
Please list (and explain if necessary)

Any medications, appliances, aids?

Any previous sporting or other injuries?

HAVE YOU READ THIS SECTION?

YES

4. EMERGENCY CONTACT (Only if different to person/s on page 1)

Full Name: _____ Mobile phone: _____

Relationship to Junior Surf Member/s: _____

YOUR ASSISTANCE IS REQUESTED:			
Junior Surf depends on volunteers- please tick where you are able to assist			
Coaching	Fundraising	Sausage Sizzle	

5. CONSENT (SIGNATURE REQUIRED):

Parent/Caregiver registering the Child/ren with the MMLS Junior Surf Programme please read and sign your consent to the following:

- The MMLS Junior Surf Programme is NOT A BABY SITTING service. Parents are expected to remain on the beach with their children for the 5 - 8 year old age groups. Your child will be asked to sit out if you are not present. Parents and caregivers participation is encouraged - the success of this programme depends on parents and caregivers assisting the Coaches and Managers on the beach.
Please sign this form to acknowledge your understanding of the above.
- It is parents responsibility to load all gear for competitions on the trailer before competition day or make arrangements for this to happen.
- I agree to the information provided being collected, held and used by the MMLS for the purposes of organising and running the MMLS Junior Surf Programme. This consent is given under the Privacy Act 1993 and I understand I am entitled to have access to this information and to change it as required.

Signature of Parent/Caregiver

Date

Please note - All Junior Surf Membership Applications (once submitted to the Club) remain subject to consideration by the MMLS Membership Committee - notification of their decision on your application will be given as soon as possible after receipt of your completed registration form and payment of membership fees.

Approved/Declined by Board of Directors

Date:

Signature of Club Officer:

ENTER: MYOB, SLSNZ #, EMAIL, MEM LIST, JS