

Capalaba State College Amateur Swimming Club

Registration Form 2015/2016 Season

Family Surname: _____

Address: _____

Registering parent/carer: _____

Phone number: _____

Email (for communication only): _____

Swimmers Name	Date of Birth	Age (current)	Gender (M/F)	School name	New member (Y/N)	BSA (Y/N)	Shirt size

Parent/Carer name: _____ Contact number: _____

Email: _____

Parent/Carer name: _____ Contact number: _____

Email: _____

We understand that joining the CSCASC also incorporates being a member of the CSC P&C Association. We agree to abide by the rules and regulations of the Club as set out in the Information Booklet for Members.

- I give permission for any official photo's taken on a Club Night or at Carnivals to be published in the weekly newsletter.
- I give permission for any official photo's taken on Club Night or at Carnivals to be posted on our Website.

Signature: _____

Date: _____

Office Use Only:	
Birth Certificate/s sighted: Yes / No (Required for new members only)	BSA Affiliated: Yes / No
Total swimmers:	Total fees: \$
Fees: 1 child \$140, 2 children \$120 ea, 3+ \$100 ea	Amount paid: \$
Bank details	Receipt No:
BSB: 064 172	Any balance owing: \$
Account Number: 10226212	Payment date negotiated: / / 2015
Reference: Surname	