



Capalaba State College Amateur Swimming Club

Registration Form 2021/2022 Season

Family Surname:

Street Address:

Suburb:

Registering parent/carer name:

Phone number:

Email (for communication only):

Would you be interested in volunteering on the night and help ? **Yes** **Maybe** **No**

Would you like to be sent invites to the swim club committee meetings? **Yes** **No**

Swimmers Name	Date of Birth	Age (current)	Gender (M/F)	School name	New member	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

I understand that joining the CSCASC also incorporates being a member of the CSC P&C Association. I 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 on our Swim Club Facebook page and/or Website (*OPTIONAL*).

Signature:

Note: If completing form online, please email a copy to secretary@capalabaswimmingclub.org.au as well as print one and bring with you on the first official swim night. Payment can be made at the canteen.

Office Use Only:		
	Birth Certificate/s sighted: Yes / No (Required for new participants only)	BSA Affiliated: Yes / No
<input type="checkbox"/>	CASH	Total participation fees: \$
		Amount paid: \$
<input type="checkbox"/>	BANK TRANSFER Bank details BSB: 064 172 Account Number: 10226212 Reference: Surname	Receipt/Auth No:
<input type="checkbox"/>	EFTPOS	Any balance owing: \$ Payment date negotiated: / /