HOLLAND PARK SWIM CLUB
Membership Registration Form
Season 2025/2026

Complete and email this form to: *hollandparkswimclub@gmail.com*

PARENT/S OR CARER/S DETAILS			
CONTINUING MEMBER	☐ Yes ☐ No (Tick one)		
FAMILY SURNAME			
GUARDIAN NAME (1)		**GUARDIAN NAME (2)**	
MOBILE (1)		**MOBILE (2)**	
PRIMARY EMAIL			
SECOND EMAIL (If required)			

Please complete each Swimmer's name/s below.

#	SWIMMER NAME	D.O.B	GENDER	SCHOOL	FEES
1			☐ M ☐ F		
2			☐ M ☐ F		
3			☐ M ☐ F		
4			☐ M ☐ F		
5			☐ M ☐ F		
Club Merchandise (Optional) • **Club Shirt:** Qty ____ Size: ☐ 6 ☐ 8 ☐ 10 ☐ 12 ☐ 14 ☐ S ☐ M ☐ L ☐ XL ($25 each)					
				TOTAL:	
HP SWIM CLUB CAP - Qty Received _____					NO CHARGE

HOLLAND PARK SWIMMING CLUB MEMBERSHIP FEES 2025/2026

Membership Details	Club Fee
• First Child in the family	$120.00
• Second Child in the same family	$60.00
• Each Subsequent Child in the same family	$60.00

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Payment Details

All membership fees must be paid **directly to the Holland Park Swimming Club** using **one** of the following options:

Option 1: Direct Deposit

Account Name: HPSSASC
BSB: 064-112
Account Number: 10066450
Reference: *SC + Family Surname* (e.g. SC Smith)

Option 2: EFTPOS

Pay in person at the Swim Club.

Parent & Family Volunteering

All parents/carers are **required** to volunteer throughout the season. Each family will be included on a **roster** to help in roles such as the **canteen** or **timekeeping** on club nights.

Medical Information

- **Does any swimmer have a medical condition or allergy?**
  ☐ Yes ☐ No
  (If yes, please complete a separate medical form.)

PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO ENSURE THAT AN APPROPRIATELY AUTHORISED ADULT MAINTAINS CONTROL OF YOUR CHILD/CHILDREN AT ALL TIMES.

Permissions & Agreements

I agree to abide by the Swim Club Rules as outlined in the Members Handbook which I acknowledge is available to me on the swim club website. I will ensure all persons under my care or related to my membership always abide by the club rules. In an emergency, I authorise the club to provide/administer first aid and seek further medical treatment (including ambulance) if deemed necessary.

Parent/Guardian Signature: _____ **Date:** _____

Photo/Media Permission

I give permission for HPSSASC to use photographs of my children for club publicity, including the website and social media.

☐ Yes ☐ No

Parent/Guardian Signature: _____ **Date:** _____