



Yarrawonga/Mulwala Swimming Club
PO Box 72, Yarrawonga VIC 3730
W: yarramulswimclub.org.au
E: admin@yarramulswimclub.org.au

YARRAWONGA MULWALA SWIMMING CLUB REGISTRATION FORM

Member Information

First Name		Date of Birth	
Surname		<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name		Date of Birth	
Surname		<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name		Date of Birth	
Surname		<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name		Date of Birth	
Surname		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent/Legal Guardian Name			
Address			
Town		Postcode	
Home phone		Mobile	
Email	MUST BE SUPPLIED TO RECEIVE YOUR INVOICE		

Working with Children Check (WWCC)

All parents/carers/volunteers need a volunteer working with children check. It is free and you can apply online. www.workingwithchildren.vic.gov.au/

Parent/Carer/Volunteer WWCC No: _____ Valid Until: _____

Please provide a coloured copy of your WWCC card. (Or email a photo of the card to admin@yarramulswimclub.org.au)

Swimming Victoria Member

Registration with Swimming Victoria now occurs through Swim Central. Each swimmer must register with Swim Central. The following link has instructions on how to set up in Swim Central for the first time.

<https://drive.google.com/file/d/1j3dwDjMfmvPKr4oiSds-WKEVTvuUSlv1/view>

Are you Aboriginal/Torres Strait Islander? Yes No

Media consent (Do you consent to photographs being used for promotional purposes?)

Yes No Signed _____

Medical Information

Details of any medical conditions: (include SWIMMERS name) **Anaphylaxis and asthma plan to be supplied.**

Do you consent to Yarrawonga Mulwala Swimming Club officials seeking medical assistance in an emergency? Yes No

Medicare No. _____ Do you have ambulance Cover ? Yes No
 Ambulance No: _____

HEAD COACH/ASSESSOR TO COMPLETE BELOW

Swimmer Name	Squad	Coach

This Registration form must be completed and be given to a Committee member or emailed to: admin@yarramulswimclub.org.au

Parent/Legal Guardian: _____ Date _____

Signed: _____