



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 <input type="checkbox"/> No <input type="checkbox"/>			
Media consent (Do you consent to photographs being used for promotional purposes?)			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>			
Medicare No.		Do you have ambulance Cover ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		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:			