



# Mossel Bay Surf Lifesaving Club

## Membership Application Form

2020/2021 Membership no: \_\_\_\_\_

**Please note send form and proof of payment to: [treasurer@mbslc.org](mailto:treasurer@mbslc.org)**

**Treasurer will issue membership number on application before payment is made. Use this membership number as your reference when paying.**

### **Member Info**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Age on 30 September: \_\_\_\_\_

**Please attach copy of ID or birth certificate. If under age parent ID must be added.**

Tick appropriate:     Female     Male  
Nationality:  White     Black     Indian     Coloured     other: \_\_\_\_\_  
Contact no: \_\_\_\_\_ Email: \_\_\_\_\_

### **Family Info:**

Mother First & Last Name: \_\_\_\_\_ Contact no: \_\_\_\_\_  
Father First & Last Name: \_\_\_\_\_ Contact no: \_\_\_\_\_  
Email: \_\_\_\_\_

### **Member History**

#### **OFFICE USE ONLY**

Membership Type:     Nipper     Junior     Senior     First year     Club member

## **Annual Membership Fee Per Member:**

### **Nippers**

<input type="radio"/>	Micro Nipper	R250	Payment option	<input type="radio"/> Cash	<input type="radio"/> EFT
<input type="radio"/>	Family 1 <sup>st</sup> Nipper	R620	Payment option	<input type="radio"/> Cash	<input type="radio"/> EFT
<input type="radio"/>	Family 2 <sup>nd</sup> Nipper	R500	Payment option	<input type="radio"/> Cash	<input type="radio"/> EFT
<input type="radio"/>	Family 3 <sup>rd</sup> Nipper	R420	Payment option	<input type="radio"/> Cash	<input type="radio"/> EFT

#### Payment plan

Please see below payment dates for payment plan:

30 October 2020            30 November 2020

**Junior & Senior**

Membership R720.00 Payment option  Cash  EFT  
 Payment plan

Please see below payment dates for payment plan:  
 30 October 2020 30 November 2020

**First Years**

Membership R770.00 Payment option  Cash  EFT

Please note no exams will be conducted, before payment was done in full.

**Club Member**

Membership R220.00 Payment option  Cash  EFT

**Bank Details:**

Name: MBSLC  
 Bank: Nedbank  
 Account no: 1626013845 Branch: 168905  
 Ref: Your membership number

**Medical History**

Tick below:

Suffer from Asthma  \_\_\_\_\_  
 Suffer from ear ailments  \_\_\_\_\_  
 Have Grommets  \_\_\_\_\_  
 Have motor skill problems  \_\_\_\_\_  
 Have low muscle tone  \_\_\_\_\_  
 Broken a bone in your body  \_\_\_\_\_  
 Other  \_\_\_\_\_

**Accept Constitution and club rules of Mossel Bay Surf Lifesaving Club**

<input type="radio"/>	Yes
<input type="radio"/>	No

**Declaration**

I, \_\_\_\_\_ (PLEASE PRINT) being the member/ parent  
 /legal guardian /custodian declare all information above supplied is truthful and correct signed at  
 \_\_\_\_\_ on the \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year).

Signature: \_\_\_\_\_

**LIFESAVING SOUTH AFRICA**  
(hereinafter referred to as 'LSA')

**REGISTRATION & INDEMNITY FORM**

(To be completed and uploaded into the LSA Database or returned to your Instructor/ Club Official)

Lifesaving South Africa collects and holds data on members and where members are under the age of 18, their parents or guardians for the sole purposes of Lifesaving activities as defined in the LSA constitution. Members can access their own personal information on <http://www.lifesavingsa.org.za>.

**IN COMPLETING THIS FORM, YOU CONSENT FOR LIFESAVING SOUTH AFRICA TO COLLECT AND STORE YOUR PERSONAL DETAILS FOR LIFESAVING PURPOSES ONLY.**

**FAILURE TO COMPLETE THIS FORM IN FULL WILL RESULT IN THE TERMINATION OF YOUR MEMEBRSHIP.**

**MEMBER'S DETAILS (PLEASE USE INK AND BLOCK LETTERS) ALL FIELDS ARE MANDATORY**

- 1. SURNAME.....FIRST NAMES .....
- 2. STREET ADDRESS .....
- 3. E-MAIL ADDRESS .....
- 4. CONTACT NO/S: LANDLINE ..... MOBILE .....
- 5. ID NO.....TICK APPROPRIATE BLOCK    MALE     FEMALE
- 6. FOR STATUTORY REPORTING (BBBEE, Dept Sport and Rec, SASCO, Sponsorships, NLC, etc.) PLEASE INDICATE YOUR DEMOGRAPHIC  
       BLACK     WHITE     COLOURED     INDIAN     OTHER

**IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT(S) OR GUARDIAN(S) MUST CO-SIGN THIS FORM.**

**PARENT OR GUARDIAN'S DETAILS\* (Please use ink and block letters) [\*DELETE WHAT IS NOT APPLICABLE]**

- 1. SURNAME..... FIRST NAMES.....
- 2. STREET ADDRESS .....
- 3. E-MAIL ADDRESS.....
- 4. CONTACT NO/S: LANDLINE ..... MOBILE .....
- 5. ID NO.....TICK APPROPRIATE BLOCK    MALE     FEMALE
- 6. YOUR RELATIONSHIP TO THE MINOR.....

**PROOF OF IDENTIFICATION DOCUMENT [i.e. Identity Document/Passport/Birth Certificate] MUST ACCOMPANY THIS FORM.**

**VERY IMPORTANT: PLEASE NOTE RE SIGNATURE**

**IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT(S) OR GUARDIAN(S) MUST CO-SIGN THIS FORM.**

**IF YOU REPRESENT OR ACT ON BEHALF OF ANOTHER PERSON OR LEGAL ENTITY OR MINORS THAT ARE NOT PART OF YOUR FAMILY ('OTHER PERSON'), YOU MUST PROVIDE US WITH A WRITTEN MANDATE/RESOLUTION AUTHORISING YOU TO SIGN THIS INDEMNITY FORM ON BEHALF OF THE OTHER PERSON OR THE OTHER PERSON MUST BE GIVEN A COPY HEREOF AND SIGN IT.**

**FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN ALL ACTIVITIES BEING CANCELLED.  
INDEMNITY**

I.....[FULL NAMES OF SIGNATORY], the undersigned, hereby acknowledge that I have read & understand this indemnity & agree to be bound by the following:

I accept that I and/or my child or the child in my care will be exposed to a variety of risks and dangers inherent in or associated directly or indirectly with the LSA activities I and/or my child or the child in my care will participate in.

I realise that all the activities require of me and/or my child or the child in my care to be in a good physical and mental condition and I and/or my child or the child in my care warrant that I am in such a condition, having checked with my medical practitioner.

I agree to obey at all times, whether participating in any activity or not, any warning notices and instructions of the LSA management and/or the person in charge of the activity.

I also acknowledge that the LSA management and/or the person in charge of the activity may, in his/her sole discretion, decide to cancel, terminate or curtail any activity at any stage for whatever reason the LSA management and/or the person in charge of the activity in his/her sole discretion deems fit.

I hold harmless and indemnify LSA, the Provincial and/ or District Associations and their affiliated Clubs, members of these bodies, the event sponsors, the various Officials, both the Sponsor's and LSA.'s servants and employees in and parties involved with and/or arranging or providing any activities, against and including (without limiting the generality of the foregoing) any loss of or damage to personal effects, financial loss, illness, injury, harm, trauma or death (howsoever caused) including any claim from my wife/ husband, children or dependents, common law wife or life partner for maintenance, pain and suffering as a result of injuries or otherwise or due to any arrangements having to be changed, amended or cancelled and/or legal costs that LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA.'s servants and employees representatives (or any of the other parties indemnified herein) may incur.

This indemnity will apply irrespective of any act, omission or negligence on the part of LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA.'s servants and employee's representatives (or any of the other parties indemnified herein) may incur.

LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA.'s servants and employee's representatives will under no circumstances be liable for any indirect, consequential or special loss or damage, irrespective of the cause.

Intellectual Property: I acknowledge that LSA owns all rights subsisting in copyright, trademarks, trade names, logos, designs, images (including photographs, video and film), service marks or performance rights relating to my and/or my child or the child in my care's participation in/or at any LSA activity and give permission for my and/or my child or the child in my care's images to be used by LSA.

Initial agreement \_\_\_\_\_ **X**

THUS, DONE AND SIGNED AT .....BY.....ON .....  
[FULL NAMES OF SIGNATORY] DATE

.....  
Signature of MEMBER/PARENT/GUARDIAN