



# Yanchep Surf Lifesaving Club

## Nomination Form 2018-2019



*Each field must be completed for full nomination to be accepted.*

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### Child 1:-

First Name: - \_\_\_\_\_ Surname: - \_\_\_\_\_  
DOB: \_\_\_\_\_ Age at 30/9/18:- \_\_\_\_\_  
Medical Conditions or Allergies \_\_\_\_\_

### Child 2:-

First Name: - \_\_\_\_\_ Surname: - \_\_\_\_\_  
DOB: \_\_\_\_\_ Age at 30/9/18:- \_\_\_\_\_  
Medical Conditions or Allergies \_\_\_\_\_

### Child 3:-

First Name: - \_\_\_\_\_ Surname: - \_\_\_\_\_  
DOB: \_\_\_\_\_ Age at 30/9/18:- \_\_\_\_\_  
Medical Conditions or Allergies \_\_\_\_\_

### Child 4:-

First Name: - \_\_\_\_\_ Surname: - \_\_\_\_\_  
DOB: \_\_\_\_\_ Age at 30/9/18:- \_\_\_\_\_  
Medical Conditions or Allergies \_\_\_\_\_

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### Parent 1:-

First Name: - \_\_\_\_\_ Surname: - \_\_\_\_\_  
DOB: - \_\_\_\_\_ WWC/Police Check: - \_\_\_\_\_  
WWC No: \_\_\_\_\_ WWC Expiry Date: \_\_\_\_\_  
SLS Awards: - \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email: \_\_\_\_\_  
Previous member of Yanchep SLSC Yes/No

### Parent 2:-

First Name: - \_\_\_\_\_ Surname: - \_\_\_\_\_  
DOB: - \_\_\_\_\_ WWC/Police Check: - \_\_\_\_\_  
WWC No: \_\_\_\_\_ WWC Expiry Date: \_\_\_\_\_  
SLS Awards: - \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email: \_\_\_\_\_  
Previous member of Yanchep SLSC Yes/No

-Nippers at Yanchep Surf Lifesaving Club will be involved in activities where they may be photographed. Photographs of Nippers may be used in a variety of media to promote activities at the YSLSC. I **do give/do not give** permission for my child/ren photograph to be used.

-I understand that one listed parent MUST be in attendance EACH week.

All prospective members will be required to assist the club in the operation procedures each Sunday during the Nippers Season.

I am willing to:-

- |                                                                      |                                                                    |
|----------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Be an Age Manager (no water quals required) | <input type="checkbox"/> BBQ                                       |
| <input type="checkbox"/> Age Manager Assistant                       | <input type="checkbox"/> Patrol (SRC or Bronze Medallion required) |
| <input type="checkbox"/> Complete an SRC (Water Safety)              | <input type="checkbox"/> Nippers Set up / Clean Up                 |
| <input type="checkbox"/> Uniforms                                    |                                                                    |

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

***Please return form to: Yanchep SLSC Box 121 Two Rocks WA 6037 prior to Saturday 13<sup>th</sup> October 2018.***