



# Manta Rays Swim Team (Inc.)

## Membership Form

### MEMBER DETAILS (\*compulsory information)

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

Suburb\* \_\_\_\_\_ State\* \_\_\_\_\_ Postcode\* \_\_\_\_\_

Date of Birth\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ dd/mm/yyyy Gender\* ☐ Male ☐ Female

### PARENT/CARER DETAILS

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

☐ Mobile \_\_\_\_\_ ☐ Home (\_\_\_\_) \_\_\_\_\_

Relationship to child \_\_\_\_\_

*Parent, Guardian, Carer, Other*

Email Address \_\_\_\_\_

Preferred contact method\*

- ☐ Email  
☐ Mobile Phone  
☐ Home Phone

Where did you hear about us?

- ☐ Google ☐ Flyer/Brochure  
☐ Facebook ☐ Friend  
☐ News Article ☐ Other \_\_\_\_\_

### MEDICAL INFORMATION

*Information contained in this section is necessary to ensure that the member's medical conditions are properly managed. Please complete the following information so our coaches and swimming instructors can plan for your child's safety in the water. This information is confidential and will only be made available to coaches and swimming instructors on a need to know basis. Please refer to our [Privacy Policy](#) for more details.*

Medical diagnosis\*

- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder (ASD)                  | <input type="checkbox"/> Down Syndrome      |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Sensory Processing Disorder (SPD)               | <input type="checkbox"/> Vision Impairment  |
| <input type="checkbox"/> Intellectual Disability (ID)                    | <input type="checkbox"/> Cerebral Palsy     |
| <input type="checkbox"/> Global Developmental Delay (GDD)                | <input type="checkbox"/> Anxiety Disorder   |
| <input type="checkbox"/> Oppositional Defiant Disorder (ODD)             | <input type="checkbox"/> Epilepsy           |
| <input type="checkbox"/> Obsessive Compulsive Disorder (OCD)             | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Dyspraxia                                       |   |

### Other medical conditions\*

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> None      | <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Seizures (any kind) |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Heart Problems  |  |

If applicable, please provide more information about your child's other medical conditions.

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### Communication skills\*

- ☐ Verbal
- ☐ Verbal (limited)
- ☐ Non Verbal
- ☐ Other \_\_\_\_\_

### Please rate your child's swimming ability\*

- ☐ Nervous beginner
- ☐ Beginner, but happy in the water
- ☐ Can swim unaided with no stroke
- ☐ Beginning to learn basic stroke
- ☐ Other \_\_\_\_\_

### Who will be bringing your child to training each week?\*

- ☐ I will be bringing my child every week
- ☐ I will be bring my child most weeks, but sometimes it may be someone else
- ☐ Relative or friend
- ☐ My child's support worker

**NOTE: A parent or carer must be present for the duration of the training session each week. Parents/carers are encouraged to participate in each session.**

## MEDIA CONSENT

*The protection of personal information is important to Manta Rays Swim Team Inc. We are committed to respecting the right to privacy and the protection of personal information. Please refer to our [Privacy Policy](#) and our [Social Media/Media Relations Policy](#) for more information if required.*

Do you consent to photographs of your child being taken for Manta Rays Swim Team Inc. social media/website/internet content?\*

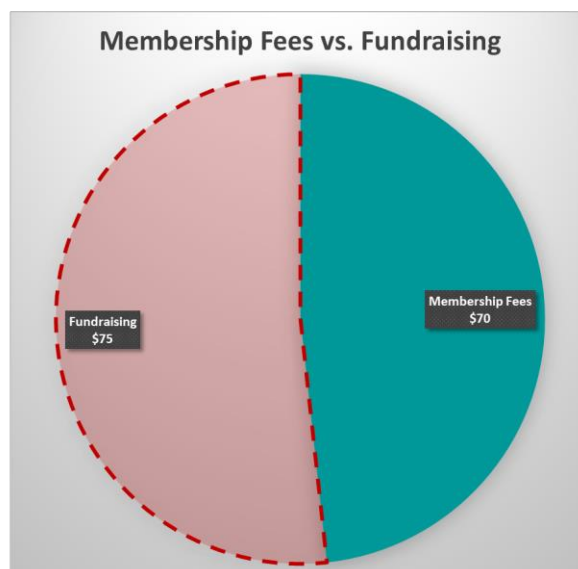
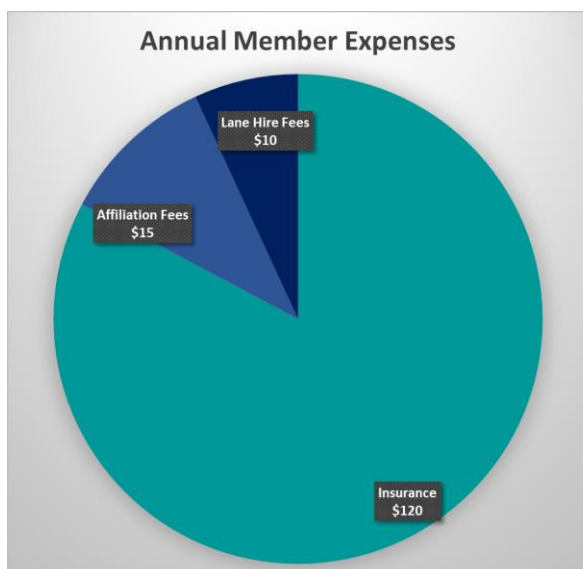
☐ Yes  
☐ No

## MEMBERSHIP FEES EXPLAINED

We would like to take this opportunity to explain what your membership fees go towards. The Manta Rays Swim Team Inc. is run as a not for profit with all proceeds being used to benefit team members. As such, we must ensure that costs are covered through membership fees, sponsorship and fundraising.

**Our annual membership fees are just \$70.00 per child\*.**

The actual annual cost for one child to swim is over twice that, however we are committed to keeping membership fees low to ensure that families can afford to join our team. As you can see in the charts below, membership fees only cover a small portion of our key expenses. Note that this does not include additional running expenses such as swimming equipment, marketing/printing, stationery/postage, end of season gifts/trophies, and so on.



Therefore, fundraising is critical to the ongoing success of the team we rely upon the support of all our parents for fundraising efforts throughout the year. We do our best to limit the number of fundraisers we coordinate, so active participation by all of our parents is important so that we can continue to provide swimming activities to our children.

Understanding that it may not be possible to participate in fundraising activities, we ask that you consider making an OPT-OUT contribution to the Manta Rays Swim Team Inc. OPT-OUT is perfect for families looking to contribute to the team funds but don't have the time to participate in the traditional fundraisers. Whether you OPT-OUT, or take part in fundraisers, your support is greatly appreciated by everyone at the Manta Rays Swim Team Inc.

**NOTE: Pool entry fees are not included in the annual membership fee.**

## UNIFORMS

A team uniform is available, however it is not compulsory for training sessions. It is expected that all swimmers will wear the team uniform if they are taking part in the WADSA Swimming State Championships. If you would like to purchase a uniform for your child, please speak to our team Co-ordinator when finalising your membership application.

## KIDSPORT (FINANCIAL ASSISTANCE)

KidSport enables eligible Western Australian children to participate in community sport and recreation by offering them financial assistance to assist with payment of membership fees.

All WA children aged 5 to 18 with a valid Health Care Card or Pensioner Concession Card are eligible for KidSport. Apply for KidSport online: <https://www.dsr.wa.gov.au/funding/individuals/kidsport>

## PARENT/CARER CONSENT

I give consent for my child to participate in swimming activities and agree to the delegation of authority to the coaches and swimming instructors involved.

Signature\* \_\_\_\_\_

Date\* \_\_\_\_\_

Please return your completed membership form to our Co-ordinator, either in person or via email: [dmonts11@gmail.com](mailto:dmonts11@gmail.com)