



POOL MEMBERSHIP APPLICATION FORM

APPLICANT AUTHORISATION			
Name			
Address			
Home ☎		Mobile ☎	
Work ☎		Email	
Date of Birth:		Occupation:	
Account Holder:		Subscription No:	Photo Taken: <input type="checkbox"/> YES <input type="checkbox"/> NO
Signature:			
SUBSCRIPTION TYPE <i>Please tick appropriate subscription type</i>			
<input type="checkbox"/> 6 month Adult	<input type="checkbox"/> 6 month Child / Pensioner *	<input type="checkbox"/> 6 month Family *	<input type="checkbox"/> 6 month Sauna / Spa

* If applying for a Family Subscription, please fill out the names of all other family members and their dates of birth.

Family Members				
Name	Date of Birth	School Year	Subs. Number	Photo Taken
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO
5.				<input type="checkbox"/> YES <input type="checkbox"/> NO
6.				<input type="checkbox"/> YES <input type="checkbox"/> NO

I wish to purchase a Pool Subscription for myself / our family, for a period of 6 calendar months starting on:

____/____/____

PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council's records are subject to the provisions of Council's Privacy Management Plan, Section 18 Government Information (Public Access) Act 2009 & Schedule 1 - Government Information (Public Access) Regulation 2009.

I have read and understand the Privacy Statement

Signed: Date:

OFFICE USE ONLY			
Subscription Number(s)			
1.	2.	3.	
4.	5.	6.	
Start Date:	Expiry Date:	Receipt No:	
Customer Name:	Cashier:	Date:	Member ID:
Admin completed by:	Supervisor:	Date:	

PLEASE RETURN YOUR COMPLETED FORM TO: North Sydney Olympic Pool
 4 Alfred Street South, Milsons Point NSW 2061
 Phone: (02) 9955 2309
 Fax: (02) 9956 6790

POOL MEMBERSHIP APPLICATION FORM

1.	I warrant to the best of my knowledge that I am physically and mentally sound to undertake and proceed with a normal course of exercise and that I do not have any pre-existing physical or mental condition which will or would be likely to cause injury or illness whilst undertaking such course of exercise.
2.	The Pool Subscription pass remains the property of the North Sydney Council, but until its expiration shall be used only by the Subscriber to whom it is issued and if, in the opinion of the Council, it is lent, used or attempted to be used by any other person, shall immediately expire and cease to be recognized as valid by the Council (to which it shall be forthwith returned or by which at any time it may be confiscated) and no refund shall be payable in respect to any unexpired portion thereof. A further pass will not be issued unless the expired pass is returned.
3.	I acknowledge that this Subscription is purchased for the specific period, as detailed above, and will be valid for the calendar period purchased. It is important to note, I acknowledge that the purchase of this Subscription is inclusive of any pool shutdown/maintenance period(s) that may be necessary.
4.	Any Subscription holder failing to produce their pass when seeking admission to the pool may be required to pay the prescribed admission fee.
5.	* If purchasing a Benefit Subscription, proof of benefit and ID must be provided at time of purchase.
6.	Should a Subscription holder lose their pass, they shall give immediate notice of such loss to the Pool Management. The Pool Management may (but without any obligation to do so) issue a duplicate pass to the Subscriber at a cost of ten (10) dollars.
7.	* Family Subscription Category shall include 2 Adults and dependant children up to 17 years of age, of the immediate family unit (household) only. Proof of relationship may be required to satisfy this condition.
8.	I acknowledge the above Subscription fees are due and payable by me in full, notwithstanding my failure to avail myself of the services and facilities to which I am entitled and notwithstanding any concession or indulgence which the Council may grant in payment of fees.
9.	The Subscription hereunder is not transferable.
10.	Suspension/extensions are not an option of the Subscription.
11.	Subscription holders will not have free access to the pool during swimming carnivals or other approved water activities.
12.	Council reserves the right to amend or vary the Pool operating hours as it sees fit.
13.	I hereby give permission for staff to photograph me for the purpose of the Subscription card.
14.	I acknowledge that during all such times whilst the Council's pool facilities and/or upon premises relating thereto, both my property and my person shall be at my own risk and I will not hold the Council, its servants or agents liable for any personal injury or loss of or damage to personal property, whether or not the same may be due to any act of negligence on the part of the Council, its servants or agents.
15.	I have read and understand the terms of the North Sydney Olympic Pool Subscription and agree to abide by them. I agree to accept the above Subscription, and accept in all respects the aforementioned Terms and Conditions, all the Rules and Regulations (present and future), of the North Sydney Olympic Pool. All membership details will be kept confidential.

MEMBER DETAILS

Name:	Signature:
Subscription Number:	Date:

OFFICE USE ONLY

Customer Name:	Cashier	Date:
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