



Code of Conduct Mandurah Swimming Club

General Code of Conduct:

Swimming Australia Ltd endorses the following code of conduct for members, service providers and employees, particularly those responsible for activities involving members under the age of 18.

As a Swimming Australia Ltd member, service provider or employee you should meet the following standard of conduct:

- Respect the rights, dignity and worth of others
- Be fair, considerate and honest in all dealings
- Be professional in, and accept responsibility for, your actions
- Make a commitment to providing quality service
- Understand the possible consequences of breaching Swimming Australia Ltd's member protection policy
- Refrain from any form of abuse and harassment towards others
- Be aware of, and maintain an uncompromising adherence to Swimming Australia Ltd standards, rules and policies
- Operate within the rules of swimming including national and international guidelines that govern Swimming Australia Ltd
- Immediately report any breaches of the Australian Swimming Australia Ltd member protection policy to the appropriate authority
- Refrain from any form of discrimination and victimisation towards others
- Refrain from intimate relations with members with whom they have a supervisory role or power over
- Provide a safe environment for the conduct of activities in accordance with any relevant Swimming Australia Ltd policy
- Show concern and caution towards others that may be sick or injured
- Be a positive role model

Swimming Australia Ltd expects all members, service providers and employees to abide by this code of conduct which upholds the principles and values of the organization. They should recognize that at all times they have a responsibility, and duty of care to other members, service providers and Swimming Australia Ltd employees.

Name: _____ Name: _____

Signed Parent/Guardian: _____ Signed Athlete: _____

Date: _____ Date: _____



Code of Conduct

Mandurah Swimming Club

Athlete Code of Behaviour:

- Play by the rules
- Never argue with an official, always use the appropriate rules and guidelines to resolve a dispute
- Control your temper. Verbal abuse of officials and sledging other athletes, deliberately distracting or provoking an opponent are not acceptable or permitted behaviours in any sport
- Work equally hard for yourself and/or your team
- Be a good sport. Applaud all good performances whether they are made by your team or the opposition
- Treat all participants in your sport as you like to be treated. Do not bully or take unfair advantage of another competitor
- Cooperate with your coach, team mates and opponents
- Participate for your own enjoyment and benefit, not just to please parents and coaches
- Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.

Parent/Guardian Code of Behaviour

- Remember that children participate in sport for their enjoyment not yours
- Encourage children to participate, do not force them
- Focus on the child's efforts and performance rather than winning or losing
- Encourage children always to play according to the rules and to settle disagreement without resorting to hostility or violence
- Never ridicule or yell at a child for making a mistake or losing a competition
- Remember that children learn best by example. Appreciate good performances and skillful plays by all participants
- Support all efforts to remove verbal and physical abuse from sporting activities
- Respect official's decisions and teach children to do likewise
- Show appreciation for coaches, officials and administrators, without them your child could not participate
- Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion

MANDURAH SWIMMING CLUB

MEDICAL INFORMATION FORM

Please complete this form if your child has a medical condition that the coaches should know about and especially if the condition may affect your child's safety during Swimming Club activities. A separate form may need to be completed to advise the coaches of the action required in the event of a medical emergency.

Swimmer's Name: _____ Date of Birth: _____

Full Name of Emergency Contact/s: _____

Relationship: _____

Telephone Home: _____ Work: _____

Mobile: _____

Doctor: _____ Telephone: _____

Address: _____

MEDICAL DETAILS:

My child suffers from the following medical condition/s: _____

My child is allergic to: _____

MEDICATION:

My child is taking the following medication: _____

Please indicate the name of medication, dosage and frequency of use: _____

OTHER INFORMATION:

Please provide any other medical information about your child that will assist the coaches:

Signature of Parent/Guardian: _____ Date: _____



PHOTOGRAPHY ACCREDITATION FORM

Mandurah Amateur Swimming and Lifesaving Club Inc. may on occasion photograph/video members of your family and therefore requests your permission to photograph members of your family.

These photographs may be released to the media for Sporting News or uploaded to our Website: www.mandurahswimmingclub.com.au for general viewing or used for display purposes in the Mandurah Swimming Clubrooms.

This form also authorises Swimming W.A. to Swimmers details, publish stories and photos on their Website: www.wa.swimming.org.au.

Details of Family:

Family Surname: _____ First Name: _____

--	--

List Family Members:

Current Address:

Street:

--

Suburb:

State:

Postcode:

Phone Numbers:

Home:

Work:

--	--

Mobile:

Email Address:

--

Date of Birth: / /

--

Please tick one box:

I give Mandurah Swimming and Lifesaving Club Inc. permission to use any images taken of me/my family for the purposes as mentioned above.

I do not give permission to Mandurah Swimming and Lifesaving Club to use any images taken.

Signed: _____ Date: _____

Print Name (Parent/Guardian) _____



SWIMMING WA

MEMBERSHIP FORM

CLUB: _____ SEASON: 200__ / 200__

Renewal New Member Upgrade Transfer (Previous Club _____)

PERSONAL INFORMATION (*compulsory information)

Registration Number _____	Last Name* _____
First Name* _____	Middle Name or Initial _____
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* ___ / ___ / ___ dd/mm/yyyy
Australian Citizen* <input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTACT INFORMATION (the privacy information and declaration overleaf must be signed)

Address* _____
Suburb* _____ State* _____ Postcode* _____
Telephone: (Please tick preferred number; at least 1 number must be provided)
<input type="checkbox"/> Home (____) _____ <input type="checkbox"/> Work (____) _____
<input type="checkbox"/> Mobile _____
Email Address _____
I would like to receive: <input type="checkbox"/> Swimming WA e-newsletter <input type="checkbox"/> Swimming Australia e-newsletters

EMERGENCY CONTACT INFORMATION

Last Name* _____	First Name* _____	Relationship* _____
Telephone: Home (____) _____	Work (____) _____	
Mobile _____	*at least 1 number must be provided	

Please continue on next page



SWIMMING WA

MEMBERSHIP FORM (cont'd)

MEMBERSHIP DETAILS (only 1 must be selected)

<input type="checkbox"/> Competitor	<input type="checkbox"/> Non-Swimmer / Volunteer	<input type="checkbox"/> Recreational
Competitor - is a competitive swimmer		
Non-Swimmer / Volunteer - is usually a parent, official or anyone who does not swim		
Recreational - swims in their club pool only and does not compete		

OTHER INFORMATION (more than 1 may be selected)

<input type="checkbox"/> Coach - ASCTA No. _____	<input type="checkbox"/> Administrator	<input type="checkbox"/> Learn-to-Swim	<input type="checkbox"/> Official
<input type="checkbox"/> Asthmatic	<input type="checkbox"/> Non-English Speaking Background	<input type="checkbox"/> Indigenous Member	
<input type="checkbox"/> Swimmer with a Disability	SWD Classification (if applicable) _____		

DECLARATION

- I agree to abide by the rules, regulations and policies of Swimming WA, Swimming Australia, the relevant Regional Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member Protection, Behaviour Guidelines and Privacy Policies (these are available at www.swimming.org.au).
- I authorise Swimming WA to use and disclose, to related and relevant bodies any of my personal information that may be necessary to implement the rules, regulations and policies in 1 above. I agree to have my name, results and any photograph taken during events conducted by Swimming WA, unless I or any guardian indicate otherwise, published in official programs, newsletters and websites and other media.

Signature (Member): _____ Date: ____/____/____

If Under 18 Name of Parent/Guardian: _____

Signature (Parent/Guardian): _____ Date: ____/____/____

Other Information Required by Club:

Submission of this form and payment is only provisional acceptance of membership as per policies 9.35 -9.37.
 Please note: Swimming WA collects membership information in accordance with the Swimming Australia Privacy Policy.
 Information on this and other policies is available at www.wa.swimming.org.au