



Ithaca - Caloundra City Life Saving Club Inc

ABN 69 400 598 562

PO Box 1648

CALOUNDRA QLD 4551

Royal Life Saving Marine Rescue

Membership Renewal

(If renewing membership within six months of end of previous season)

Applicants personal details

Surname		First Name	Other Names (If under 18 years of age, guardian to also complete this section)
Address (Residential)		Address (Postal - If same as residential leave blank)	
Home Phone number	..(.....)	Date of Birth/...../.....
Work Phone number	..(.....)	Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Mobile Phone number	..(.....)	Email :

Acknowledgement of term of Membership

I am an existing member of RLMR, and I seek to renew my membership category as an RLMR Member, which I acknowledge is a member category in addition to any other membership category I hold within the Club. I acknowledge that I am not able to board the boat until my proficiency has been completed.

Liability

In consideration for the Club accepting my membership, I agree that I will not hold Ithaca - Caloundra City Life Saving Club Inc, or any of its officers or members, liable for any loss or damage to me or my property, through it's negligence or not.

Initial

Medical Information

Is there any medical conditions that you suffer, or are likely to suffer from, that the Club should be aware of (including any previous injuries that are at risk of further damage) :-

.....

If yes, please provide full details, if insufficient space please attach a form with full details. Please also consider including the contact name of an emergency medical contact and if the Club should make any provisions to assist you.

Declaration

- I agree to abide by the rules and policies of RLMR and all reasonable directions of an Abel Crewman, Skipper or Boat Captain;
- The information supplied is true and correct and I understand that the club has the right to refuse my application or terminate my membership as contained in the Rule's of the club;
- I understand that I will be required to attend RMLR patrols, in addition to my normal Beach Patrol responsibilities to the Club, and that my normal Beach Patrols will take priority.
- I understand that if I do not attend my Beach Patrol responsibilities, my membership in RLMR may be suspended or terminated at the discretion of the Boat Captain.

I have read, understand and agree to the above declaration. I am signing of my own free will and in agreement of the above declaration, and have paid / am willing to pay all membership and application fees.

..... Date

Signature of Member (If under 18 years of age, parent / guardian must also sign in agreement to the aforementioned declaration)

Proficiency (Club use only)

Current Competency
 Able Crewman Advanced Crewman Skipper (Partially Flat Water) Skipper (Open Water)

Proficiency Check list

Pre-requisites		
Is member a current active / patrolling member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is member physically able to performing normal duties (i.e. Any disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fitness test completed (to the minimum level required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety		
Emergency Response Drills Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety Management Plan reviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experience		
Has the member completed minimum time/experience to retain Competency	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Boat Captain Comments

I am satisfied that this member is proficient in their level of competency.

Boat Captain / Examiner Signature