

# Oasis Otters Membership Form

**Season 2025/2026**

*(01/07/2025 - 30/06/2026)*

## Club Fees for 2025/2026 season.

	Total (Inc GST + Inc Processing Fee*)	Club Membership	SV Fee	SA Fee
OOSC Swimmer 2025/26	<b>\$275.81</b>	\$100.00	\$36.61	\$134.73
Dry Member (Including Parent)	<b>\$16.64</b>	\$0	\$16.64	\$0
	*Swimming Victoria applies 4% processing fees to all memberships			

## Swimming Victoria Membership Fee Structure

*Swimming Victoria requires all swimmers who participate in club programs to be registered with Swimming Victoria and to be a financial member of Swimming Victoria.*

### Swimming Victoria Membership types:

#### **Swimmer:**

Swimmer participating in squad training and competing in organised competition at State, District, and Club level.

#### **Dry Members**

Any member who does not participate in swimming training and competition. This category includes Life Members, Committee Members, Parents and Coaches.

## Oasis Otters Club Membership Fee

For the 2025/2026 season the Committee has decided to set club membership fees at \$100.00 for each swimmer

We continue to offer discounted membership to swimmers who are:

- 8 years & under or;
- A second or third swimmer from the same immediate family

All Membership fees are paid through the Swim Central in full. The Club will rebate the discount accordingly.

Membership Fees for members who join during the last quarter of the season will be offered at a discount price by Swimming Victoria for the final two and half months of the financial year. Club Membership fees will be fully deducted for swimmers who join in the final two months of the season. (May-Jun)

Discounts are outlined below:

	Club Membership Fee
First Swimmer with parent	100.00
8 Years & Under Swimmer	50.00
Second Swimmer	50.00
Third Swimmer	40.00

## Membership Fees and Payment Methods:

### Membership Renewal:

All swimmers swimming in the club program MUST be registered with Swimming Victoria.

All new and existing club members are required to pay/renew their registration via Swim Central.

Members are also required to complete their profile and purchase their new season membership through the online payment.

The membership products listed in Swim Central are the combined fees for the Club, Swimming Victoria and Swimming Australia and will include any GST and processing fees applicable

**According to Swimming Australia rules, swimmers are not be allowed to participate in any club program unless their membership fee has been paid.**

## Dryland Memberships:

At least one Parent / Guardian must be registered per family (not optional) if the swimmer is under 18 years of age. This will allow each under-aged swimmer to have legal representation in the Swimming Australia system, as well as have voting rights at our Otters Annual General Meeting. The Parent / Guardian will also be registered with Swimming Victoria to enable them to be covered by insurance when they are involved in any club organised group activities.

### Swim Victoria Family Discounts:

A family discount only applies when all family members purchase a membership in one transaction on Swim Central. Details of the discount are below.

- 5% discount when 3 family members sign up to any Victorian membership at the same time.
- 8% discount when 4 family members sign up to any Victorian membership at the same time.
- 10% discount when 5 or more family members sign up to any Victorian membership at the same time.

**Please note:** Coaches and Club Officials will not be accepting any cash payment for membership fees

Please complete and return the attached form to [enrolmentoasisotters@gmail.com](mailto:enrolmentoasisotters@gmail.com)

# OASIS OTTERS SWIM CLUB INC MEMBERSHIP FORM

Season 2025-26

**Member Type (please tick one):**

- ☐ Renewal  
☐ New Member  
☐ Transfer – previous club \_\_\_\_\_, and SV Membership  
No. \_\_\_\_\_

<input type="checkbox"/> <b>National Competitor</b>	Swimmer who intend to qualify and compete at National Championships.
<input type="checkbox"/> <b>Competitor</b>	Swimmer participating in squad training and competing in organized competition at State, District, and Club level.
<input type="checkbox"/> <b>Dry Member</b>	Committee Members, Parents and Coaches who do not also fall into the Recreational or Competitive membership categories.

## **Swimmer registration (Swimmer Personal Details)**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**D.O. B (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F

**Citizenship:** Australian / Other

**Address:**

Street No: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**Please Specify Medical Conditions If ☐ Ticked:**

<b>Coach</b> <input type="checkbox"/>	<b>ASCTA Number:</b>	<b>Swimmer with Disability</b> <input type="checkbox"/>	<b>SWD Classification:</b>
<b>Administrator</b> <input type="checkbox"/>	<b>Indigenous / Torres Strait Islander</b> <input type="checkbox"/>	<b>Non-English-Speaking Background</b> <input type="checkbox"/>	<b>Medical Conditions</b> <input type="checkbox"/>

**Parent/Guardian Registration and Swimmer Emergency  
Contact details (If Swimmer is under 18 years old)**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**D.O. B (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F

**Citizenship:** Australian / Other

**Address:**

Street No: \_\_\_\_\_

Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_

**Relationship with the Swimmer:** \_\_\_\_\_

**Contact Details:**

\*Phone (H): \_\_\_\_\_

\*Phone (B): \_\_\_\_\_

\*Phone (M): \_\_\_\_\_

**Emergency Contact details for Parent/Guardian**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**D.O. B (DD/MM/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** M / F

**Citizenship:** Australian / Other

**Relationship with the Parent/Guardian:** \_\_\_\_\_

**Contact Details:**

\*Phone (H): \_\_\_\_\_

\*Phone (B): \_\_\_\_\_

\*Phone (M): \_\_\_\_\_

**Note:** \* At least one phone number required for each registration

**Declaration:**

1. *I agree to abide by the rules, regulations and policies of Swimming Victoria, Swimming Australia, the relevant District Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member Protection and Privacy Policies (available at [www.swimming.org.au](http://www.swimming.org.au))*
2. *I authorize Swimming Victoria 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 as outlined above.*
3. *I agree to have my name, photograph and results published in official programs, newsletters, websites or any other SVI produced documents*
4. *I agree to abide by the Swimming Australia Code of Conduct, which states:*

**Competitor 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 players, 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, teammates 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 disagreements 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 skilful plays by all participants.
- Support all efforts to remove verbal and physical abuse from sporting activities.
- Respect officials' 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.

**Signed (Member):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If under 18, name of parent or guardian:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# **OASIS OTTERS SWIM CLUB INC**

## **PERMISSION SLIP**

From time to time, photos and videos will be taken of our swimmers competing, training or just having fun around the club.

The Club would like to use these photos or videos on our website, in newsletters and maybe in the form of some promotional activities.

**Please complete the permission below:**

I \_\_\_\_\_ (parent/guardian)

of \_\_\_\_\_ (swimmer)

**Allow / Do Not Allow (Please Circle)**

The images of my child being used in relation to the promotion of the Oasis Otters Swimming Club Inc.

Dated \_\_\_\_\_.

## **Oasis Otters Asthma Management & Allergy Management**

### **Food Allergy/Intolerance Record**

#### **Swimmers Name:**

Please advise if the above swimmer has the following:

Allergy to nuts: \*YES / NO

Allergy to gluten: \*YES / NO

Lactose Intolerance: \*YES / NO

Fructose Intolerance: \*YES / NO

Egg Intolerance: \*YES / NO

Other:

If your child has a known severe reaction to a food allergen, or **Anaphylaxis**, please provide complete following section:

Does the child have an **Anaphylaxis Management Plan**?

Does the child carry the **EpiPen**? \_\_\_\_\_

#### **Emergency contact details below:**

Name:

Phone:

#### **Asthma Management:**

**Please inform the coaching staff if your child has Asthma.**

Does the child have a **Personal Asthma Management Plan**? \_\_\_\_\_

Does the child always carry the **Inhaler**? \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_