



# Strand Surf Lifesaving Club

Est. 1958

## Checklist for membership:

**\*Place all below documents and requirements in a plastic sleeve or folder\***

**\*No folder will be accepted unless all requirements are met\***

• Indemnity form	
• Health questionnaire	
• 1x certified copy of birth certificate (certified by commissioner of oath or at police station)	
• Proof of payment for membership (payment can be made via <a href="http://www.strandlifesaving.co.za">www.strandlifesaving.co.za</a> )	
• Email address included to receive newsletters	

Nipper name:

DOB:

Parent name:

Parent contact number:

Parent email address:

School that Nipper attends:

### **Who to contact:**

Clothing: Yolandi Barrett – 082 872 8496 / [yolandi.barrett@gmail.com](mailto:yolandi.barrett@gmail.com)

Exams / Upgrade Exams: Liesl Hoffman – 079 880 1660 / [lieslhoffman77@gmail.com](mailto:lieslhoffman77@gmail.com)

Admin: [strandslc@gmail.com](mailto:strandslc@gmail.com)



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## Strand Surf Lifesaving Club

### SSLC: Nipper Member Agreement 2023/2024

Agreement entered between:

Member's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parents or Guardian's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

**"The Nipper – as represented by ..(You)**

**And**

**Strand Surf Lifesaving**

**Club(The Club)**

### **General agreement**

Agreeing to this contract is required in order to join or maintain membership with the Club. Nipper Membership passes onto the parents of the member and both are bound by the club rules and expectations.

It is expected of Nippers to comply with a minimum basic expectation in order to retain their status as members of SSLC.

This agreement outlines the minimum requirements for Nippers to be considered in good standing with the club and also guidelines and certain rules.

The phrase "In Good Standing" has bearing on your continuous membership with the club and whether you retain your membership and whether U14 Nippers will be allowed to join the ranks of Jnr Lifesaving with SSLC. Should your membership be suspended, and should you not be in good standing with the club, the club may at their discretion not issue you a clearance certificate.

## **General**

- All Nippers are to respect the club premises and facilities.
- Bathrooms are to be left clean and tidy
- Shower time is 3 minutes maximum after training or competitions only.
- Nippers shall at all times obey and listen to their coaches
- Bullying shall not be tolerated
- Nippers are expected to compete in and pass the pool swim and nipper exam. Failing to do so shall exclude you from partaking in Competitions as is the requirement.
- You are expected to attend at least 2 training sessions per month and compete in at least 2 competitions through the season
- Should you wish to attend nationals, you have to compete in at least 2 competitions including WP champs.
- Please indicate your availability for competitions at least 3 weeks prior to the respective competition.
- You are expected to assist in loading and unloading of craft from the trailers before and after all events.
- Nippers may not make use of craft stored in the lifeguard garage unless they have asked and received permission from the duty squad leader.
- You are to take good care of craft which you may be using and ensure that you rinse all craft prior to returning them to the containers for storage.
- Craft must be stored directly after it has been rinsed off.
- No craft may be removed from the club unless permission has been granted by the Nipper Officer, Club Captain, Club Vice Captain or Club Chairman
- Craft should never simply be left in front of the Garage.
- Any damage to Craft must immediately be reported to your coach.
- Practice commences on Sunday at 09h30 sharp and ends at 11h30. Please be on the beach by 09h15 ready to commence. Friday training is voluntary.
- You may be required to assist in beach clean ups as well as fundraising for the club from time to time.
- You will always show respect to all other members of the Club.
- Nippers and their parents are to please show respect to our lifeguards as well as pro lifeguards who will be assisting lifeguards from this season. This may include having to follow instructions as given by either lifeguards or pro lifeguards.
- You are expected to have a wetsuit.
- Parents are requested to please keep an eye on their own children and not drop them off and return to collect them later.
- Nippers may not enter the ocean during any official SSLC training session unless they have passed the swimming pool test.
- Parents and Nippers are expected to support their coaches at all times.
- Parents and Nippers are to conduct themselves respectfully at any competition whilst representing SSLC.

- Please keep the space immediately in front of the lifeguard station clear whilst the lifeguards are on duty.
- Please refrain from standing in front of the garage which hosts surf ski's as well as lifeguard equipment.
- Please would parents and Nippers ensure to keep our deck in an organized manner and free of litter.
- Please would all Nippers and parents pack chairs away after using it.
- All Nippers are to assist in setting up of whatever may be required when SSLC is hosting a competition.
- Nippers and their Parents will have access tags to bathrooms and main gate only.
- Should any Nipper or Parent have any complaint, please raise this firstly with their immediate Coach or otherwise with the Nipper Officer.
- Signature of this document indicates that you and your parent/s/guardian have read and understood the contents herein.
- Failure to sign this document will make you ineligible for club membership.

Signature of Nipper \_\_\_\_\_

Signature of Nipper Parent/Guardian \_\_\_\_\_

Signature of Nipper Officer \_\_\_\_\_

Date \_\_\_\_\_

# LIFESAVING SOUTH AFRICA'S HEALTH QUESTIONNAIRE



Official Logistics Partner



## To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in Lifesaving Sport. A positive response to a question does not necessarily disqualify you. A positive response means that there is a preexisting condition that may affect your safety while participating and you may need to seek the advice of your physician prior to engaging in these activities.

**The information disclosed in this document is strictly confidential and will be released only to medical professionals upon request from you or as required in a medical emergency.**

**Any changes, distribution or duplication of this document is strictly prohibited**

Name :

Surname :

ID Number :

Club :

Address :

Phone Number :

E-mail :

Medical Aid and Number :

## Personal history

Yes No

1. Have you ever fainted or passed out when exercising?  Yes  No
2. Do you ever have chest tightness?  Yes  No
3. Does running or walking for long periods ever cause chest tightness?  Yes  No
4. Have you ever had chest tightness, cough, wheezing which made it difficult for you to perform sport?  Yes  No
5. Have you ever been treated/hospitalized for asthma?  Yes  No
6. Have you ever had a seizure?  Yes  No
7. Have you ever been told that you have epilepsy?  Yes  No
8. Have you ever been told to give up sports because of health problems?  Yes  No
9. Have you ever been told you have high blood pressure?  Yes  No
10. Have you ever been told you have high cholesterol?  Yes  No
11. Do you have trouble breathing or do you cough during activity?  Yes  No
12. Have you ever been dizzy during or after exercise?  Yes  No
13. Have you ever had chest pain during or after exercise?  Yes  No

Yes  No

14. Do you have or have you ever had racing of your heart or skipped heartbeats?
15. Do you get tired more quickly than your friends do during exercise?
16. Have you ever been told you have a heart murmur?
17. Have you ever been told you have a heart arrhythmia (heart rhythm disorder)?
18. Do you have any other history of heart problems?
19. Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?
20. Have you ever been told you had rheumatic fever?
21. Do you have any allergies?
- If Yes please list \_\_\_\_\_
22. Are you taking any medications at this present time?
- If Yes please list \_\_\_\_\_
23. Have you routinely taken any medication in the past two years?
- If Yes please list \_\_\_\_\_

## Family History

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| <b>Has anyone in your immediate family less than 50 years old:</b> |                       |                       |
| 24. Died suddenly and unexpectedly?                                | <input type="radio"/> | <input type="radio"/> |
| 25. Been treated for recurrent fainting?                           | <input type="radio"/> | <input type="radio"/> |
| 26. Had unexplained seizure problems?                              | <input type="radio"/> | <input type="radio"/> |
| 27. Had unexplained drowning while swimming?                       | <input type="radio"/> | <input type="radio"/> |
| 28. Had unexplained car accident?                                  | <input type="radio"/> | <input type="radio"/> |
| 29. Had heart transplantation?                                     | <input type="radio"/> | <input type="radio"/> |
| 30. Had pacemaker or defibrillator implanted?                      | <input type="radio"/> | <input type="radio"/> |
| 31. Been treated for irregular heart beat?                         | <input type="radio"/> | <input type="radio"/> |
| 32. Had heart surgery?   | <input type="radio"/> | <input type="radio"/> |

I certify that all information given is true and exact and I accept the responsibility of maintaining my health to enable my participation in Lifesaving Sport.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

NB : If you have answered yes to any of the above questions a clearance letter is required from your medical doctor stating that you can participate in lifesaving sport or duties and that LSA does not assume any medical liability for non-disclosure or responsibility to ensure that someone is medical fit for competition, training or duty.

(Office Use Only) Computer \_\_\_\_\_

Club: \_\_\_\_\_

**LIFESAVING SOUTH AFRICA**  
(hereinafter referred to as 'LSA')

**REGISTRATION & INDEMNITY FORM**

(To be completed and uploaded into the LSA Database or returned to your Instructor/ Club Official)

Lifesaving South Africa collects and holds data on members and where members are under the age of 18, their parents or guardians for the sole purposes of Lifesaving activities as defined in the LSA constitution. Members can access their own personal information on <http://www.lifesavingsa.org.za>.

**IN COMPLETING THIS FORM, YOU CONSENT FOR LIFESAVING SOUTH AFRICA TO COLLECT ANDSTORE YOUR PERSONAL DETAILS FOR LIFESAVING PURPOSES ONLY.**

**FAILURE TO COMPLETE THIS FORM IN FULL WILL RESULT IN THE TERMINATION OF YOURMEMEBRSHIP.**

**MEMBER'S DETAILS (PLEASE USE INK AND BLOCK LETTERS) ALL FIELDS ARE MANDATORY**

1. SURNAME.....FIRST NAMES .....

2. STREET ADDRESS .....

3. E-MAIL ADDRESS .....

4. CONTACT NO/S: LANDLINE ..... MOBILE .....

5. ID NO.....TICK APPROPRIATE BLOCK    MALE  FEMALE

6. FOR STATUTORY REPORTING (BBBEE, Dept Sport and Rec, SASCO, Sponsorships, NLC, etc.) PLEASE INDICATE YOUR DEMOGRAPHIC

BLACK  WHITE  COLOURED  INDIAN  OTHER

**IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT(S) OR GUARDIAN(S) MUST CO-SIGN THIS FORM.**

**PARENT OR GUARDIAN'S DETAILS\* (Please use ink and block letters) [\*DELETE WHAT IS NOT APPLICABLE]**

1. SURNAME..... FIRST NAMES.....

2. STREET ADDRESS .....

3. E-MAIL ADDRESS.....

4. CONTACT NO/S: LANDLINE ..... MOBILE .....

5. ID NO.....TICK APPROPRIATE BLOCK    MALE  FEMALE

6. YOUR RELATIONSHIP TO THE MINOR.....

**PROOF OF IDENTIFICATION DOCUMENT [i.e. Identity Document/Passport/Birth Certificate]MUST ACCOMPANY THIS FORM.**

**VERY IMPORTANT: PLEASE NOTE RE SIGNATURE**

**IF YOU ARE UNDER THE AGE OF 18, YOUR PARENT(S) OR GUARDIAN(S) MUST CO-SIGN THISFORM.**

**IF YOU REPRESENT OR ACT ON BEHALF OF ANOTHER PERSON OR LEGAL ENTITY OR MINORS THAT ARE NOT PART OF YOUR FAMILY ('OTHER PERSON'), YOU MUST PROVIDE US WITH A WRITTEN MANDATE/RESOLUTION AUTHORIZING YOU TO SIGN THIS INDEMNITY FORM ON BEHALF OF THE OTHER PERSON OR THE OTHER PERSONMUST BE GIVEN A COPY HEREOF AND SIGN IT.**

**FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN ALL ACTIVITIES BEING CANCELLED.  
INDEMNITY**

I .....[FULL NAMES OF SIGNATORY], the undersigned, hereby acknowledge that I have read & understand this indemnity & agree to be bound by the following:

I accept that I and/or my child or the child in my care will be exposed to a variety of risks and dangers inherent in or associated directly or indirectly with the LSA activities I and/or my child or the child in my care will participate in.

I realise that all the activities require of me and/or my child or the child in my care to be in a good physical and mental condition and I and/or my child or the child in my care warrant that I am in such a condition, having checked with my medical practitioner.

I agree to obey at all times, whether participating in any activity or not, any warning notices and instructions of the LSA management and/or the person in charge of the activity.

I also acknowledge that the LSA management and/or the person in charge of the activity may, in his/hersole discretion, decide to cancel, terminate or curtail any activity at any stage for whatever reason the LSA management and/or the person in charge of the activity in his/her sole discretion deems fit.

I hold harmless and indemnify LSA, the Provincial and/ or District Associations and their affiliated Clubs, members of these bodies, the event sponsors, the various Officials, both the Sponsor's and LSA.'s servants and employees in and parties involved with and/or arranging or providing any activities, against and including (without limiting the generality of the foregoing) any loss of or damage to personal effects, financial loss, illness, injury, harm, trauma or death (howsoever caused) including any claim from my wife/ husband, children or dependents, common law wife or life partner for maintenance, pain and suffering as a result of injuries or otherwise or due to any arrangements having to be changed, amended or cancelled and/or legal costs that LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA.'s servants and employees representatives (or any of the other parties indemnified herein) may incur.

This indemnity will apply irrespective of any act, omission or negligence on the part of LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA.'s servants and employee's representatives (or any of the other parties indemnified herein) may incur.

LSA, the Provincial and/ or District Associations and their affiliated Clubs, the event sponsors, the various Officials, both the Sponsor's and LSA's servants and employee's representatives will under no circumstances be liable for any indirect, consequential or special loss or damage, irrespective of the cause.

Intellectual Property: I acknowledge that LSA owns all rights subsisting in copyright, trademarks, trade names, logos, designs, images (including photographs, video and film), service marks or performance rights relating to my and/or my child or the child in my care's participation in/or at any LSA activity and give permission for my and/or my child or the child in my care's images to be used by LSA.

Initial agreement \_\_\_\_\_

THUS, DONE AND SIGNED AT .....BY.....ON .....  
[FULL NAMES OF SIGNATORY] DATE

.....  
Signature of MEMBER/PARENT/GUARDIAN





# Strand Surf Lifesaving Club

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## Pool Test

Name of Nipper	
Date of Birth	
Name of Parent	
E-mail address	
Cellphone number	
Date of Pool Swim	
Name and Signature of Timekeeper / Swimming Coach	

<b><u>POOL TEST CRITERIA</u></b>	<b><u>TICK</u></b>	<b><u>TIME</u></b>
<b><u>LEVEL 1:</u></b>		
<b><u>Age 8 or 9 on date of test</u></b> - Pool Swim (300m in 8 minutes)		
<b><u>LEVEL 2:</u></b>		
<b><u>Age 10 or 11 on date of test</u></b> - Pool Swim (400m in 10 minutes)		
<b><u>LEVEL 3:</u></b>		
<b><u>Age 12 or 13 on date of test</u></b> - Pool Swim (400m in 9 minutes)		

**\*\* PLEASE EMAIL COMPLETED FORM TO Liesl – [lieslhoffman77@gmail.com](mailto:lieslhoffman77@gmail.com)**