



**Diving NSW**  
**REGISTRATION FORM 2007/2008**



SURNAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PCODE \_\_\_\_\_

PH HOME \_\_\_\_\_ WORK \_\_\_\_\_ Male / Female  
(Circle one)

EMAIL \_\_\_\_\_ CLUB \_\_\_\_\_

SIGNATURE OF CLUB SECRETARY \_\_\_\_\_ NATIONALITY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PARENTS OCCUPATION \_\_\_\_\_

NOMINATED OFFICIAL \_\_\_\_\_

CULTURAL BACKGROUND (eg Aboriginal or Torres Strait Islander) \_\_\_\_\_

PHYSICAL DISABILITY (eg Asthma) \_\_\_\_\_

**REGISTRATION CATEGORY (Tick one box only)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Full Competition Diver \$160                          | <input type="checkbox"/> Interclub Diver \$100              | <input type="checkbox"/> Officials \$20                |
| <input type="checkbox"/> 2 <sup>nd</sup> Family Diver \$140                    | <input type="checkbox"/> Learn to Dive \$50 (1 year)        | <input type="checkbox"/> Coaches \$140 (Incl. Ins)     |
| <input type="checkbox"/> 3 <sup>rd</sup> or 4 <sup>th</sup> Family Diver \$100 | <input type="checkbox"/> Learn to Dive \$35 (12 weeks only) | <input type="checkbox"/> Coach/Diver \$220 (Incl. Ins) |

**NOTE 1:** All persons eligible for AGE GROUP DIVING must supply a photocopy of Birth Certificate extract when first registering. The Association Year commences on 1st July each year. All Divers, Officials and Clubs should register at the beginning of the Season to ensure copies of "Board Talk" etc.

**NOTE 2:** Each Full Competition Diver, Interclub Diver or Coach/Diver registration will include one official registration nominated by the diver. However, registered Coaches cannot be included as the nominated official.

\_\_\_\_\_  
SIGNATURE OF NSW DIVING REGISTRAR \_\_\_\_\_ DATE OF ACCEPTANCE \_\_\_\_\_

**Diving NSW**  
**DIVER'S CODE OF BEHAVIOUR**

1. Play by the rules.
2. Respect the rights, dignity and worth of fellow athletes, coaches, officials and spectators.
3. Never argue with an official, If you disagree, have your captain, coach or manager approach the official during a break of after the competition.
4. Refrain from conduct, which could be regarded as sexual harassment towards fellow athletes and coaches.
5. Treat all competitors, as you would like to be treated. Do not interfere with, bully or take unfair advantage of another competitor.
6. Care and respect the equipment provided.
7. Co-operate with your coach and teammates.
8. Maintain high personal behaviour standards at all times as a representative of your State/Club.
9. Place in proper perspective the isolated incidents of unsporting behaviour rather than make such incidents the "highlight" of the event.

Signed \_\_\_\_\_

Parent or Guardian of Junior Diver \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN CONSENT FORM

NSW SPORTS DRUG TESTING ACT 1995
CONSENT TO COLLECTION OR ACCEPTANCE OF SAMPLE FROM STATE
COMPETITOR UNDER THE AGE OF 18 YEARS

IMPORTANT NOTICE WHICH MUST BE READ BEFORE SIGNING THIS CONSENT

Section 9A of the Sports Drug Testing Act 1995 provides:

9A Taking samples from persons under 18

The Agency must not, under the applied provisions, collect or accept a sample from a state competitor who is under the age of 18 years unless;

- (a) A parent or guardian of the competitor has given written notice of the requirements of this section, and
(b) The parent or guardian consents to a sample being provided.

The Agency is the Australian Sports Drug Agency.

A "sample" is defined in that Act as "any human biological fluid or tissue."

Important provisions about the taking and treatment of samples are contained in the Australian Sports Drug Agency Act 1990 (Commonwealth) and regulations.

It is the policy of the NSW Government that when consent is NOT given for the collection or acceptance of a sample from a State Competitor, any funding provided by the NSW Government to that State Competitor whether directly or as the member of a team or group of persons will be withdrawn. This may result in the State Competitor being UNABLE TO COMPETE IN HIS OR HER SPORT as a representative of the State or use the facilities provided by the State.

I, \_\_\_\_\_ of \_\_\_\_\_
Print Name Print Address

Telephone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

am the Parent or guardian of \_\_\_\_\_
Print Name

(Called in this document "the State Competitor") whose date of birth is \_\_\_\_\_

- 2. I have read the IMPORTANT NOTICE printed above.
3. I understand that the Agency must not collect or accept a sample from the State Competitor unless I give my consent.
4. I understand that I am not obliged to give my consent.
5. I understand that if I give my consent by signing this form the Agency will be able to collect or accept a sample or samples from time to time from the State Competitor and that the consent is not limited to the collection or acceptance of any one sample.
6. I am not aware of any Court or any proceedings in any Court which would affect my role as parent or guardian of the State Competitor or my ability to give this consent in relation to the State Competitor.
7. I GIVE MY CONSENT TO THE AGENCY TO COLLECT OR ACCEPT A SAMPLE OR SAMPLES FROM THE STATE COMPETITOR.

\_\_\_\_\_ Dated \_\_\_\_\_
Signed Parent/Guardian

Witness \_\_\_\_\_
Signature Print Name

\_\_\_\_\_
Print Address

Diving Australia
Asthma Medication Notification Form

Doctor's Name \_\_\_\_\_ Contact Phone No \_\_\_\_\_

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Contact Phone No \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

Mode of Administration \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Note:

- Athletes are advised to keep a copy of this form for their personal records
When competing at international events, check the requirements regarding asthma notification. Some events will require athletes to produce this notification at a drug test.
Many asthma medications contain banned and restricted substances. If in doubt, check it out - call the ASDA Drugs in Sport Hotline 1800 020506 Mon-Fri e.s.t.
Other ASDA resources available to check medications include the Drugs in Sport Handbook and Wallet Card. To order, call ASDA on 02 962060233.