



# The Sydney Speleological Society Inc

P.O. Box 198

Broadway, New South Wales, Australia

## Visitors' Registration

PLEASE PRINT

I, .....

wish to attend a trip of The Sydney Speleological Society.  
 I agree to pay the visitors' fee to the trip leader, which includes the public liability insurance for the duration of this year on any SSS trips.  
 I clearly understand that irresponsible behaviour on my part could endanger my life as well as that of other cavers and undertake to inform the club's trip leader of any conditions, medical or otherwise that could effect the safety of any member of the caving party myself included. I will accept the trip leaders decision to exclude me from an underground trip if the safety of a group so demands.

SIGNATURE

DATE

Please complete the following questionnaire as accurately as possible. All information provided will be kept confidential and will not be released to anyone without your written permission.

### POSTAL ADDRESS

STREET (or PO BOX)			SUBURB		
STATE	POST CODE	HOME:	MOBILE:	WORK:	E-MAIL:
			PHONE & INTERNET		

### ARE YOU A MEMBER OF ANY OTHER SPELEOLOGICAL GROUP?

NAME OF GROUP:

PERIOD OF MEMBERSHIP:

NO YES

### HAVE YOU ATTENDED ANY CAVING TRIPS?

( LIST DETAILS BELOW )

DATE:	CAVING AREA:	TRIP LEADER:	CAVING GROUP:

### CAVING EXPERIENCE

[ NONE, LITTLE, SOME, EXTENSIVE ]

TOTAL HOURS:	HORIZONTAL:	VERTICAL:	SURVEYING:	RESEARCH PROJECTS:

### CURRENT FIRST AID CERTIFICATE?

YEAR:

### ATTENDED AN SSS FIELD DAY?

YEAR:

NO YES NO YES

COURSE:

### YOUR MAIN INTEREST IN CAVING

[ TICK APPROPRIATE ]

EXPLORATION	SURVEYING	SCIENCE	CAVE SPORT	OTHER [ PLEASE LIST ]
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### TRIP LEADER PLEASE COMPLETE SECTION BELOW

DATE:	CAVING AREA:	MONEY COLLECTED	SIGNATURE: