

**SWIMMING LESSON REGISTRATION FORM 2020-TERM 1**

(member #.....)

**SWIMMER'S NAME :..... M/F D.O.B.....**

**PARENT/GUARDIAN'S NAME.....**

**RELATIONSHIP TO CHILD.....**

**ADDRESS.....**

**PHONE (HOME).....(WORK).....(MOBILE).....**

**EMAIL.....EMERGENCY CONTACT NAME/PH.....**

**FEES for 6 Lessons- 6 week program starting week of 10/2/2020 week 3 of Term 1:**

**Member – \$60.00**

**Non-member \$90.00**

**Fee is payable in full, prior to the first week of lessons. Registration / payment sessions will be advised.**

**Your child will not be allowed to swim until this has occurred.**

**PLEASE LIST CURRENT SWIMMING EXPERIENCE OR LEVELS ACHIEVED.**

**eg. (Vacswim level, Starplex lessons, Squad training)**

.....  
.....  
.....

**I DO/DO NOT give my permission for my child to be part of group activities by to pool for the use of brochures or promotional material.**

**I give my permission in the case of an emergency for my child to be transported to hospital by ambulance and agree to be responsible for all costs associated with such transportation to and hospital admission.**

**I give permission for staff to provide my child with Ventolin if required in an emergency by a trained Asthma first aid person.**

**\*\*PLEASE TURN OVER TO COMPLETE MEDICAL FORM\*\***

**BALAKLAVA + DISTRICTS WAR MEMORIAL SWIMMING POOL INC**

ABN: 52 735 979 035

Wallace Street Balaklava 5461

e | [balakpool@gmail.com](mailto:balakpool@gmail.com)

ph | 88 621 426



Balaklava Swimming Pool

# **BALAKLAVA SWIMMING POOL MEDICAL FORM for season 2019/2020**

<b>DO YOU HAVE AMBULANCE COVER?</b>	YES / NO
<b>MEDICARE NUMBER:</b>	

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?	PLEASE CIRCLE ANSWER	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS Please ensure that medication is supplied where necessary
Asthma or other Respiratory Condition <i>(Medication must be brought to lessons)</i>	YES/NO	
Allergies <i>(particularly bee-sting allergy)</i>	YES/NO	
Diabetes	YES/NO	
Convulsions/Seizures <i>(e.g. epilepsy - whether mild or severe)</i>	YES/NO	
Ear Disorders or Hearing Problems <i>(e.g. tubes/hearing aid)</i>	YES/NO	
Fainting/Dizzy Spells <i>(or other sudden loss of consciousness)</i>	YES/NO	
Heart Problems	YES/NO	
Medication on a regular basis	YES/NO	
Operations or recent major illness	YES/NO	
OTHER RELEVANT INFORMATION <i>(e.g. physical, emotional or intellectual disabilities or limitations).</i> Attach additional sheet if necessary	YES/NO	

**DECLARATION:** As parents/guardians of the child named above, we/I give consent for him/her to take part in swimming lessons at Balaklava Swimming Pool. We authorize the swimming instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above named child.

I understand an ambulance will be called if necessary (parents/guardians will be liable for costs involved).

I submit the following medical information about the above child, and include details of any limitations he/she might have in any activities.

NAME: (in print) .....

SIGNED: (Parent/Guardian if under 18 years)..... Date: .....

**BALAKLAVA + DISTRICTS WAR MEMORIAL SWIMMING POOL INC**

ABN: 52 735 979 035

Wallace Street Balaklava 5461

e | [balakpool@gmail.com](mailto:balakpool@gmail.com)

ph | 88 621 426

 Balaklava Swimming Pool