

OFFICE USE ONLY

Invoice Number

Receipt Number

Club Registration Date / /



Learn to Swim, Squad & Club

come and swim with the 'croc's'
 TEL: 3356 0874 Thomas Street, Grange Q 4051
 email: info@wilstonswim.org.au

CHILD'S DETAILS

Family Name

1.Name _____ D.O.B. _____ / _____ / _____ m/f _____
 2.Name _____ D.O.B. _____ / _____ / _____ m/f _____
 3.Name _____ D.O.B. _____ / _____ / _____ m/f _____
 4.Name _____ D.O.B. _____ / _____ / _____ m/f _____

Address

Suburb

Postcode

PARENT'S DETAILS

Parent 1 Name _____ Surname _____

Phone _____ Mobile _____

Email _____

Parent 2 Name _____ Surname _____

CHILD'S MEDICAL HISTORY

Does your child/ren have any medical issues that we need to be aware of? Please provide details.

Does your child/ren have any fears or phobias relating to swimming or had any bad experiences with swimming?

SCHOOL/S CHILDREN ATTENDING

DECLARATION BY PARENT Please read before signing

As a parent/guardian I give consent for my child/children to participate in the club activities and agree to delegate my authority to the Instructors and Officials involved. Such persons may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the swimmers as a group, or individual in the abovementioned activities. I also authorise such persons 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 student. We agree to indemnify and keep indemnified the officials, officers and any other persons or parties undertaking activities on behalf of Wilston State School Amateur Swimming Club against any loss or expenses as a result of any activities and outgoings incurred relating to the club. The committee exercises all care but accepts no responsibility. I give permission for WSSASC to publish information/photos of my child/ren for publicity or swimmer profiles (eg swimmer of the week/most improved).

Parent's Name

Signature

Date