

# ENROLMENT FORM

## OFFICE USE ONLY

Invoice Number

Receipt Number

Club Registration Date      /      /

[www.wilstonswim.org.au](http://www.wilstonswim.org.au)



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](mailto:info@wilstonswim.org.au)

## CHILD'S DETAILS

Family Name

1. First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

2. First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

3. First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

4. First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Address

Suburb

Postcode

## PARENT'S DETAILS

**Parent 1** Name \_\_\_\_\_ Surname \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**Parent 2** Name \_\_\_\_\_ Surname \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

## CHILD'S MEDICAL HISTORY

Does your child or children have any medical issues that we need to be aware of? If yes, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

## 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 outings 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).

Parents Full Name

Signature

Date