



# Sea's the Limit Swim School



## Squad & Learn to Swim Enrollment Form

### Student Details

	Students Details	Sex	Date of Birth	Please list any health issue that may affect your child's participation in lessons (eg. Asthma, epilepsy, allergy's etc.)
1				
2				
3				
4				

### Parent/guardian details

Full name of parent/guardian			
Postal Address			
Contact number (H)	(M)	(W)	
Email:			

### Emergency contact details

In case of emergency we require contact details of a person other than the person who will be attending the lessons with the child/children

Full name			
Relationship to child/children			
Contact number (H)	(M)	(W)	

### Terms and conditions

#### Medical release and declaration

I authorise the teachers 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. I submit the attached medical information about my child and include other relevant information and details of limitations which he/she has for the activity concerned. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

#### Privacy policy

I understand that the information I have provided is collected and held in accordance with the provisions of the Privacy Act. I understand that the information I have provided is necessary for the service to be provided. I acknowledge and agree that the information will only be used to facilitate the service and to advise me of matters relating to the service. I understand that I will be able to access and alter information that has been supplied. I acknowledge that if I do not wish to receive promotional material I must advise in writing.

Parent/Carer Signature.....Date...../...../.....