



STARplex SWIM SCHOOL

Member # _____

*SWIMMER'S NAME _____ M/F Date of Birth _____

PARENT/GUARDIAN'S NAME _____ (if under 18 yrs)

RELATIONSHIP TO CHILD _____

ADDRESS _____ SUBURB _____ POST CODE _____

PHONE (HOME) _____ (WORK) _____ (MOBILE) _____

Fees

\$16.00 per lesson (as of Term 4, 2009) multiplied by the number of weeks in the Term (ie \$160.00 for a 10 week term). This fee is payable in a lump sum unless prior arrangements have been made with the Pool Manager.

Where did you hear about the Swim School? _____

I _____ do/do not give my permission for my child _____ to be a part of group activities by STARplex Swim School for use in brochures, swim school newsletters, internet or other promotional material.

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

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

Name: in print _____

Signed: (parent/guardian if under 18 years) _____

Date: _____



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MEDICAL INFORMATION

Are any of the following medical conditions relevant to your child?

CONVULSIONS/SEIZURES YES/NO _____

ASTHMA OR OTHER
RESPIRATORY CONDITION YES/NO _____

ALLERGIES YES/NO _____

DIABETES YES/NO _____

VISION
OR HEARING IMPAIRMENTS YES/NO _____

EAR DISORDER
(eg Drainage tubes) YES/NO _____

DERMATITIS YES/NO _____

OTHER RELEVANT CONDITION YES/NO _____
(eg A.D.D)

MEDICATION YES/NO _____
(Any current medication)

As a Parent/Guardian of _____ I give my permission for him/her to take part in swimming lessons. I agree to delegate my authority to supervising teachers/instructors. Such supervisors/teacher may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students, as a group and individually. I understand that no refunds will be made unless special circumstances prevail. I, the undersigned, acknowledge that no responsibility is accepted by the organisers, or by its servants or agents, for any loss, damage, death or personal injury howsoever caused, arising out of, or incidental to, me and/or my child's participation in this program

I submit the health care information is accurate to the best of my knowledge.

Signed (Parent/Guardian if under 18) _____ Date _____

At STARplex we pride ourselves on our excellent quality of water. In complying with State Health Regulations we ask that you exclude your child from swimming if they are at risk of any contaminative diseases.