



C&M Aquatic Centre – Registration Form

RESPONSIBLE PERSON DETAILS

Parent/Guardian Full Name Parent/Guardian Full Name.....

Address..... Suburb Postcode.....

Parent/Guardian Mobile Parent/Guardian Mobile.....

Home Phone Work Phone.....

Email address:

How did you find out about C & M Aquatic Centre

EMERGENCY CONTACT (Other than Parent/Guardian)

Full Name..... Relationship to child

Mobile..... Phone.....

CHILDREN’S DETAILS

1st Child’s Full Name Date of Birth/...../..... M F

Medical History

2nd Child’s Full Name Date of Birth/...../..... M F

Medical History

3rd Child’s Full Name Date of Birth/...../..... M F

Medical History

4th Child’s Full Name Date of Birth/...../..... M F

Medical History

5th Child’s Full Name Date of Birth/...../..... M F

Medical History

CONSENT

I hereby give consent for myself / my child / my children to attend the swimming program at C&M Aquatic Centre.

At all times whilst I / my child / my children are present at the centre, I understand that the centre will take all care but no responsibility in respect of accidents, loss or injury suffered other than as a result of negligent acts on the part of the centre, it’s employees or agents.

Where necessary, I hereby authorise the staff at C & M Aquatic Centre to organise medical or hospital treatment as they see necessary at my expense.

I have received a copy and agree to the terms and conditions of this agreement.

Tick this box to give permission for C&M Aquatic Centre to use any photography for Marketing purposes. eg. Social Media & Website.

Signature..... Date.....