

Registration Form

RESPONSIBLE PERSON DETAILS

Parent/Guardian Full Name _____

Email _____ Mobile _____

Parent/Guardian Full Name _____

Email _____ Mobile _____

Address _____ Suburb _____ Postcode _____

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 _____

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 read and agreed 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 _____