



MARYBOROUGH AQUATIC CENTRE 2020 SWIM & SURVIVE ENROLMENT FORM

CHILDREN

ADULTS

SPECIAL NEEDS

PARENTS DETAILS: (if the student is under 18)

SURNAME:..... FIRST NAME:.....
ADDRESS:
CONTACT DETAILS: (H).....(M).....
EMAIL:

EMERGENCY CONTACT: (must be different from person enrolling)

NAME: RELATIONSHIP:
CONTACT DETAILS: (H)..... (M)

STUDENT DETAILS: Male Female

SURNAME:..... FIRST NAME:
DATE OF BIRTH:..... AGE:.....

Terms and conditions of enrolment

- It is the parent/carer responsibility to keep the student's details updated, including any medical information.
- Your completed enrolment form is valid for the calendar year.
- A **minimum \$30.00 non-refundable deposit** must be paid upon enrolment or rebooking to secure your position in the program. The **remaining payment of fees for Swim & Survive/Adult participants are to be paid before commencement of the program** unless other arrangements have been made with the Aquatic Programs Supervisor.
- **Private/special needs** lessons must pay 2 weeks lesson fee upon enrolling then a weekly class fee so payments are always one week in advance.
- Fees will vary from term to term depending upon the amount of weeks in the term.
- **Adult, Swim & Survive and Private** lessons are a **30-minute lesson** with other participants taking part. **Special needs** lessons are a **20-minute one on one private lesson**.
- *Missed lessons must be paid for* as you or your child holds a position within our program.
- **Adult and Swim & Survive** are allowed one make up lesson per term, if a position is available, and is only applicable if the cancellation is prior to the class. Makeup lessons can only be booked within the term the lesson is missed. **Makeup lessons are not available for missed private/Special needs lessons.**
- Your enrolment fees include the opportunity to swim with your child after the lesson. Any siblings not engaged in a lesson on that day will need to pay to swim but may enter to spectate for free
- Fees will be placed into family credit for medical reasons. A doctor's letter may need to be sighted. For moving out of the area, a refund request can be submitted and your new address must be provided.
- The centre must be notified at least 3 hours before if you cannot attend **Private and Special needs** lessons or you will be charged the class fee.
- **Parents/carers must be in attendance for lessons at all times.**

By signing the enrolment form you agree to the above terms and conditions of enrolment.

Signature Date



MARYBOROUGH AQUATIC CENTRE 2019 SWIM & SURVIVE MEDICAL SCREENING/MEDIA RELEASE FORM

Medical History

Are you Pregnant Y N

Do you suffer from any of the following: (please tick yes or no to the boxes below)

Aids	Y <input type="checkbox"/>	N <input type="checkbox"/>	HIV	Y <input type="checkbox"/>	N <input type="checkbox"/>	Low blood Pressure	Y <input type="checkbox"/>	N <input type="checkbox"/>
Hepatitis A, B or C	Y <input type="checkbox"/>	N <input type="checkbox"/>	Epilepsy	Y <input type="checkbox"/>	N <input type="checkbox"/>	Osteoporosis	Y <input type="checkbox"/>	N <input type="checkbox"/>
Diabetes	Y <input type="checkbox"/>	N <input type="checkbox"/>	Heart problems/disease	Y <input type="checkbox"/>	N <input type="checkbox"/>	Arthritis	Y <input type="checkbox"/>	N <input type="checkbox"/>
Stroke	Y <input type="checkbox"/>	N <input type="checkbox"/>	Chest Pain	Y <input type="checkbox"/>	N <input type="checkbox"/>	Dizziness	Y <input type="checkbox"/>	N <input type="checkbox"/>
High Cholesterol	Y <input type="checkbox"/>	N <input type="checkbox"/>	Asthma	Y <input type="checkbox"/>	N <input type="checkbox"/>	Osteoarthritis	Y <input type="checkbox"/>	N <input type="checkbox"/>
Rheumatoid Arthritis	Y <input type="checkbox"/>	N <input type="checkbox"/>	High blood Pressure	Y <input type="checkbox"/>	N <input type="checkbox"/>	Family of heart disease/stroke	Y <input type="checkbox"/>	N <input type="checkbox"/>
Other	Y <input type="checkbox"/>	N <input type="checkbox"/>						

Please provide further medical history:

Asperger's	Y <input type="checkbox"/>	N <input type="checkbox"/>	Autism (ASD)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Spina bifida	Y <input type="checkbox"/>	N <input type="checkbox"/>
Down Syndrome	Y <input type="checkbox"/>	N <input type="checkbox"/>	Bipolar Disorder	Y <input type="checkbox"/>	N <input type="checkbox"/>	Depression	Y <input type="checkbox"/>	N <input type="checkbox"/>
Muscular Disorder	Y <input type="checkbox"/>	N <input type="checkbox"/>	ADD/ADHD Disorder	Y <input type="checkbox"/>	N <input type="checkbox"/>	Cerebral Palsy	Y <input type="checkbox"/>	N <input type="checkbox"/>
Fibromyalgia	Y <input type="checkbox"/>	N <input type="checkbox"/>	Fragile X syndrome	Y <input type="checkbox"/>	N <input type="checkbox"/>	Diabetes	Y <input type="checkbox"/>	N <input type="checkbox"/>

Please provide further medical history:

MEDIA RELEASE

Please read this consent form carefully. By signing the form, you are agreeing to allow Maryborough Aquatic Centre to use sound and/or vision of you within the limits of 1.

This document gives the Maryborough Aquatic Centre, permission to use sound and/or vision of the student, for purposes associated with the promotion of aquatic activities at the Maryborough Aquatic Centre.

- I give permission to the Maryborough Aquatic Centre to use photograph, sound, vision and/or the name of the student for:
 - Future media activity
 - Promoting and advertising the Maryborough Aquatic Centre
 - Any commercial purpose
- Maryborough Aquatic Centre may record sound and/or vision whilst taking part in programs at the Maryborough Aquatic Centre.
- I understand that my giving this permission, Maryborough Aquatic Centre can use sound/vision, in any way it chooses, for the purposes described above. It may reproduce them in any form, in whole or in part, and distribute them by any medium including the internet or other multimedia uses.
- I understand that Maryborough Aquatic Centre will not pay me for giving me this permission.
- I agree that if I withdraw my permission, it is my responsibility to contact Maryborough Aquatic Centre in writing and inform them of your wishes.

I do or Do not (Print name) give permission for the name, sound and/or vision of the student to be used as stated in the conditions above, by Maryborough Aquatic Centre.

Signature:

Date:

If under 18 years of age, parent/guardian:



A lifestyle for everyone

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