

## ENROLMENT / MEDICAL FORM

PARENT / ADULT SWIMMER DETAILS (PLEASE CIRCLE)		
*Surname:	*First Name:	
Address:	Postcode:	
Home Phone:	*Mobile Number:	
Work Phone:	*Email Address:	
EMERGENCY CONTACT DETAILS		
*Surname:	*First Name:	Relationship:
Address:	Postcode:	
Home Phone:	*Mobile Number:	
Work Phone:	*Email Address:	
SWIMMER ONE DETAILS	ADULT / CHILD	LEVEL:
*Surname:	*First Name:	Birthdate:
Gender: M/F	This swimmer does not have any known medical conditions:	
Medical Condition (including allergies/sensitivities), symptoms & management.		
Medical Condition (including allergies/sensitivities), symptoms & management.		
Special considerations (including cultural, language, comprehension etc). This will help us understand the swimmer & deliver instructions with due consideration.		
SWIMMER TWO DETAILS	ADULT / CHILD	LEVEL:
*Surname:	*First Name:	Birthdate:
Gender: M/F	This swimmer does not have any known medical conditions:	
Medical Condition (including allergies/sensitivities), symptoms & management.		
Medical Condition (including allergies/sensitivities), symptoms & management.		
Special considerations (including cultural, language, comprehension etc). This will help us understand the swimmer & deliver instructions with due consideration.		

SWIMMER THREE DETAILS		ADULT / CHILD LEVEL:	
*Surname:	*First Name:	Birthdate:	
Gender: M/F	This swimmer does not have any known medical conditions:		
Medical Condition (including allergies/sensitivities), symptoms & management.			
Medical Condition (including allergies/sensitivities), symptoms & management.			
Special considerations (including cultural, language, comprehension etc). This will help us understand the swimmer & deliver instructions with due consideration.			
SWIMMER FOUR DETAILS		ADULT / CHILD LEVEL:	
*Surname:	*First Name:	Birthdate:	
Gender: M/F	This swimmer does not have any known medical conditions:		
Medical Condition (including allergies/sensitivities), symptoms & management.			
Medical Condition (including allergies/sensitivities), symptoms & management.			
Special considerations (including cultural, language, comprehension etc). This will help us understand the swimmer & deliver instructions with due consideration.			
<p><b>Disclosure:</b> In signing this document you acknowledge that you, the parent/legal guardian, are responsible for and will update this form with A Quality Swim Schools:</p> <ul style="list-style-type: none"> <li>* If the swimmer/s medical information changes.</li> <li>* With the correct and current emergency contact information.</li> <li>* To provide a copy of the swimmer/s medical action plan if they have one.</li> </ul>			
SIGNATURE:		DATE:	

A Quality Swim Schools PTY LTD

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