



Participant details

Participant 1

Given name: Family name:

Date of birth: Gender:

Medical conditions:

Participant 2

Given name: Family name:

Date of birth: Gender:

Medical conditions:

Participant 3

Given name: Family name:

Date of birth: Gender:

Medical conditions:

Participant 4

Given name: Family name:

Date of birth: Gender:

Medical conditions:

Parent/guardian details

Address: Suburb: Postcode:

Home phone: Mobile:

Email:

Mothers name: Work phone:

Fathers name: Work phone:

Emergency contact

Name: Phone:

Privacy statement

The ASC respects the privacy of your personal information. The information on this form is collected for the purpose of processing, managing and administering your membership. It will not be otherwise disclosed without your consent. If you wish to seek access to your personal information or have any questions regarding the handling of your personal information, contact the Privacy Contact Officer at privacy@sportaus.gov.au.

I consent to the ASC, from time to time, taking photographic, sound and video images of my child me or my childs likeness and using them in print, digital and electronic media for the purpose of promoting the AIS and the ASC.

Yes No

Declaration

In consideration of the Australian Sports Commission (ASC) allowing me to participate in any activity or to use the facilities and equipment of the Aquatic and Fitness Centre, I agree to:

- a. release the ASC, its officers, employees and agents from liability for any property damage, illness, personal injury or death incurred or suffered by me in connection with my participation in such activities or my use of such facilities and equipment; and
- b. indemnify the ASC, its officers, employees and agents from and against all losses, damages, claims and expenses (including legal costs) incurred or suffered by them that are caused by me in connection with my participation in such activities or my use of such facilities and equipment, except to the extent that the liability, losses, damages, claims and expenses referred to in (a) and (b) are directly caused by the negligence of the ASC, its officers, employees and agents.

Name of participant:

Signature of participant or parent/guardian: Date:

How did you hear about us? Please tick

Word of mouth/friends

Swim School customer

Other:

Repeat customer

Internet/website

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School swimming flyer

Facebook

Office use only

Swipe card number

1. Level: Instructor: Day: Time:

2. Level: Instructor: Day: Time:

3. Level: Instructor: Day: Time:

4. Level: Instructor: Day: Time:

AIS Aquatic & Fitness Centre

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