

ENROLMENT / MEDICAL FORM

PARENT ONE/PRIMARY CAREGIVER DETAILS		
*Surname:	*First Name:	
Address:	Postcode:	
Home Phone:	*Mobile Number:	
Work Phone:	*Email Address:	
PARENT TWO/ADDITIONAL CAREGIVER DETAILS <i>(NOT SAME AS ABOVE)</i>		
*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>Disclosure: 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"> * If the swimmer/s medical information changes. * With the correct and current emergency contact information. * To provide a copy of the swimmer/s medical action plan if they have one. 			
SIGNATURE:		DATE:	

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