



ENROLMENT FORM

Term: 1 / 2 / 3 / 4 please circle

Year:.....

Contact Details:

Family Name: Drivers Licence No: Name on Licence:.....

Mother: Father: Carer:

Mobile No: Mobile No: DEFENCE: Yes No

Person enrolling this Student/Relationship:

Address:

Town:

Postcode:

Home Phone:

Fax:

Email:

I acknowledge that photos of my children may be used for promotional purposes, no names will be used.

Student Details:

Name: Date of Birth:.....

How did you hear about EDGE Aquatics? Please circle or inform

Newspaper Internet Search Friends Family Flyer Other.....

Medical Conditions: Please complete the following information so that staff can plan for your child's safety in the water

<input type="checkbox"/> Asthma Yes/No If yes, please ensure that your child has their asthma inhaler with them at all times at the facility	<input type="checkbox"/> Excessive fear of water	<u>Known allergies:</u> Do you or your child carry an EpiPen in case of emergency situations? Yes/No If yes, please provide details.....
<input type="checkbox"/> Heart Disorder	<input type="checkbox"/> Severe allergy	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Joint Disorder (Arthritis)	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Communication Difficulties	<input type="checkbox"/> Ear Disorder (grommets)	<input type="checkbox"/> Seizures
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Coordination Difficulties	Is your child under a health plan (attach)
<input type="checkbox"/> Is your child on medication <input type="checkbox"/> Does your child have any learning/behaviour issues (that you are aware of) that may affect their learn to swim experience?	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (Please give details)

Is your child currently enrolled at School? Yes / No Please circle

If so, School Attending:

Other Siblings Yes / No Please circle

Enrolled: Yes / No Please circle

Please complete details of other children enrolled on the reverse of this page.

Emergency Contact Details:

We require an **Emergency contact number** of someone other than the main carer (ie

Neighbour/Grandparent). At times it may be necessary to contact this person should the main carer requires 1st Aid etc.

Name:

Address:

Phone Home: Mobile:

We appreciate your Privacy and all information gathered will be held in the strictest of Confidence. Please understand that relevant medical details may need to be shared with Staff members in order to ensure the safety of your child and others.



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Other students enrolled at EDGE Aquatics

Student Details:

Name:

Date of Birth:

Medical Conditions: Please complete the following information so that staff can plan for your child's safety in the water

<input type="checkbox"/> Asthma Yes/No If yes, please ensure that your child has their asthma inhaler with them at all times at the facility	<input type="checkbox"/> Excessive fear of water	<u>Known allergies:</u> Do you or your child carry an EpiPen in case of emergency situations? Yes/No If yes, please provide details.....
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<input type="checkbox"/> Incontinence	<input type="checkbox"/> Coordination Difficulties	
<input type="checkbox"/> Is your child on medication <input type="checkbox"/> Does your child have any learning/behaviour issues (that you are aware of) that may affect their learn to swim experience?	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (Please give details)

Is your child currently enrolled at School? Yes / No Please circle

If so, School Attending:

Student Details:

Name:

Date of Birth:

Medical Conditions: Please complete the following information so that staff can plan for your child's safety in the water

<input type="checkbox"/> Asthma Yes/No If yes, please ensure that your child has their asthma inhaler with them at all times at the facility	<input type="checkbox"/> Excessive fear of water	<input type="checkbox"/> Is your child under a health plan (attach)
<input type="checkbox"/> Heart Disorder	<input type="checkbox"/> Severe allergy	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Joint Disorder (Arthritis)	<input type="checkbox"/> Skin Condition	<input type="checkbox"/> Vision Impairment
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<input type="checkbox"/> Incontinence	<input type="checkbox"/> Coordination Difficulties	<input type="checkbox"/> Other (Please give details)
<input type="checkbox"/> Is your child on medication <input type="checkbox"/> Does your child have any learning/behaviour issues (that you are aware of) that may affect their learn to swim experience?	<input type="checkbox"/> Diabetes	<u>Known allergies:</u> Do you or your child carry an EpiPen in case of emergency situations? Yes/No If yes, please provide details.....

OFFICE USE:

All Forms filled in: Y N

Policy and Conditions returned to Parent BY:

Entered Date:

Staff Member: