



2007-2008
APPLICATION FOR ENROLMENT

SECTION 1

APPLICANT INFORMATION

Surname: Other Names:
 Date of Birth: Age:
 Male Female

FAMILY INFORMATION

	Father / Guardian or Carer	Mother / Guardian or Carer
Family Name:
Given names:
Postal Address:
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Private Phone:
Business Phone:
Mobile Phone:
email Address:

Is the applicant a current student of the Trinity Anglican School? Yes No

Swimming Experience:	May not get in water	Can put head in water	Can just swim	Can swim a few different strokes	Swims well on own	Swimming well in competition
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(Please Circle One)

*I/We :

- ◆ Agree to be bound by the Rules and Regulations governing the TAS Aquatic Centre Programs
- ◆ Have read and understand the brochure outlining the selected Swimming Program

Date: Signature of Father or Guardian:

Date: Signature of Mother or Guardian:

SECTION 2

MEDICAL INFORMATION- CONFIDENTIAL

Emergency Contact Details (if parents/guardians are unavailable)

Doctor's Name: _____ Doctor's Ph No: _____

Allergies: Yes No If Yes details: _____

Medicare Number: _____

Please indicate by ticking the appropriate box if your child suffers from or has recently suffered (within last 2years or less) any of the following conditions.

	Yes	No
1. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
2. Headaches / Migraines	<input type="checkbox"/>	<input type="checkbox"/>
3. Epilepsy or fits	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty in breathing or chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
5. Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
6. Heart or Lung complaints	<input type="checkbox"/>	<input type="checkbox"/>
7. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
8. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
9. Fainting attacks	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **YES** to any of the above, please provide details below or attach relevant information

Are there any other details the TAS Aquatic Centre should be made aware of?

I understand that whilst every effort will be made to contact me in an emergency, I hereby authorise the Director of Swimming or his appointed officer to give permission for medical treatment (including ambulance transport, the administering of an anaesthetic, blood transfusion or the performance of any surgical operation) to be given to my son/daughter. I accept responsibility for any expenses incurred.

Name of parent/guardian _____ Signature _____

Relationship to Student: _____ Date: _____

Special instructions in the event of an accident or illness if the above authorities are not completed
