



# 2020/2021 HOLIDAY PROGRAM ENROLMENT FORM

## Student Personal Details

Family Name/s: _____	Name of Child: _____	M / F
Date of Birth: _____ / _____ / _____	Level Assessed: _____	
Family Name/s: _____	Name of Child: _____	M / F
Date of Birth: _____ / _____ / _____	Level Assessed: _____	
Family Name/s: _____	Name of Child: _____	M / F
Date of Birth: _____ / _____ / _____	Level Assessed: _____	
Family Name/s: _____	Name of Child: _____	M / F
Date of Birth: _____ / _____ / _____	Level Assessed: _____	

## Contact Details (please include at least 1 mobile phone number and 1 email address – all swim school information is delivered via email)

Parent/s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Alternate Emergency Contact:

Name / s: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Confidential Medical Report

The information below is requested to assist in case of any illness or accident. This information will be held in confidence.

- (1) Does your child/ren have any medical issues, including learning difficulties, sight, hearing or breathing problems?  
Please list \_\_\_\_\_
- (2) Is your child presently taking medication? Yes /No \_\_\_\_\_
- (3) Is your child allergic to anything or have any physical or special needs Please list: \_\_\_\_\_

I authorise Burpengary Aquatic Swim School and RLSSQ Staff, where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the Staff may deem necessary at any time during the activities.

I further authorise the use of Ambulance and/or anesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by Burpengary Aquatic Swim School and RLSSQ and those connected with the Association cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent/Guardian: .....

## Terms and Conditions of enrolment

- Students must be registered at reception prior to entering for lessons.
- By signing this form you agree for your child/children to take part in Burpengary Aquatics Swim School holiday program and agree to the terms and conditions of enrolment.
- It is the parents responsibility to inform the swim school coordinator of any personal changes or medical conditions that may affect your child participating in the holiday programs.
- Fees are required to be paid in full upon enrolment into any holiday program.
- We do not offer refunds for the holiday programs unless for serious medical conditions. The Centre must be advised before the first lesson of the situation and a medical certificate may need to be provided.
- No makeup lessons are available for holiday programs.
- If enrolling into the Holiday Splash Day program, your child
  - Must be toilet trained
  - Staff cannot administer medication. Any medication must be indicated on the form and given before the program
  - Should require minimal assistance if required to get changed
  - Children will be under the supervision of a program teacher however you must be contactable in the event of an emergency or if your child becomes ill.
- Photographs, videos and other forms of media maybe taken of your child during lessons for the purpose of promoting the Swim School and RLSSQ. These will remain the property of Burpengary Aquatic Swim School and Royal Life Saving Society Qld Inc. If you do not agree to having photographs etc taken please indicate below.

**Signature of Parent/Guardian:** .....

**Name** ..... **Date** .....

**Permission to be photographed or filmed**                      **Yes / No**

- How did you hear about Burpengary Aquatics Swim School .....
- Are there any family situations we should be aware of? .....
- Has your child had swimming lessons before? .....
- Has your child had any negative experiences in the water? If so please explain .....
- .....
- .....

### Privacy Information

All the information recorded on this form is collected and managed in accordance with the Royal Life Saving Society Privacy Policy. This information has been collected for the primary purpose of RLSSQ activities conducted or promoted by us. This information will not be used for any other purpose other than the children's program