



DUBBO CITY SWIMMING ACADEMY

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SWIMMING CONSENT FORM

As a parent/guardian of
I,, give consent for him/her to participate in the swim coaching program as set by Dubbo City Swimming Academy.

Coaches and Instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually in the abovementioned activity.

I also authorise the coaches and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I submit medical information about my child and include other relevant information and details of limitations he/she may have.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Signed

(Parent/Guardian)

Date:

PERSONAL DETAILS

PARENTS NAMES:
CHILDS NAME:
DOB:
ADDRESS:
PHONE NUMBERS:
(H) (W) (MB)
EMAIL:
EMERGENCY CONTACT
PHONE:
MEDICARE NO:

MEDICAL INFORMATION

MEDICARE NO:
HEALTH FUND: No:

Allergies: Yes/No (eg bee sting)

Further Information or Instructions

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Breathing Disorders: Yes/No (eg asthma)

Further Information or Instructions

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Ear Disorder: Yes/No (eg drainage tubes / deafness)

Further Information or Instructions

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Epilepsy: Yes/No (mild or severe)

Further Information or Instructions

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Other relevant Information:

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TRAINING PREFERENCE

..... will commence squad training on
(name)

(date)

He/She would prefer:squad

On(days)

At(time)

..... is / is not interested in morning training sessions.
(name)

Goals for this year are:

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