



# TOOWOOMBA CITY STINGERS SWIM CLUB INC

## Registration Form

MOTHER'S NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

SURNAME \_\_\_\_\_ DOB \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

SURNAME \_\_\_\_\_ DOB \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

MOTHER'S MOBILE \_\_\_\_\_ WORK \_\_\_\_\_

FATHER' MOBILE \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**\*\*club newsletters and informative communication will be sent to this email address\*\***

EMERGENCY CONTACT PERSON \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

SWIMMERS NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_

SURNAME \_\_\_\_\_ DOB \_\_\_\_\_

**Please turn over and complete the medical form**

**DOES YOUR CHILD SUFFER OR HAS SUFFERED IN THE PAST FROM ANY OF THE FOLLOWING CONDITIONS?**

MEDICAL INFORMATION YES / NO LAST AFFECTED

EPILEPSY / FITS / FAINTING \_\_\_\_\_

COMMENTS \_\_\_\_\_

EARACHES / EAR PROBLEMS \_\_\_\_\_

COMMENTS \_\_\_\_\_

EYE PROBLEMS \_\_\_\_\_

COMMENTS \_\_\_\_\_

NOSE BLEEDS \_\_\_\_\_

COMMENTS \_\_\_\_\_

ASTHMA / BRONCHITIS ETC \_\_\_\_\_

COMMENTS \_\_\_\_\_

JOINT / BONE INJURIES \_\_\_\_\_

COMMENTS \_\_\_\_\_

BACK / NECK PROBLEMS \_\_\_\_\_

COMMENTS \_\_\_\_\_

HEART CONDITION \_\_\_\_\_

COMMENTS \_\_\_\_\_

AUTISUM / ADD / ADHD etc \_\_\_\_\_

COMMENTS \_\_\_\_\_

ANY CONDITION THAT WOULD AFFECT THIER SWIMMING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





- I have read, and I understand the general information sheets which outline FEES, PAYMENTS, TRAINING CONDITIONS / STEPS FOR ISSUE RESOLUTIONS, HEALTH and SAFETY, SICKNESS, LOYALTY and THE ETHOS expectations of the TOOWOOMBA CITY STINGERS SWIM CLUB INC.
- I agree to pay the fees on time as outlined on a per term basis, and understand that the fees will be due as per Term Invoice.
- I understand the HEATH and SAFETY / SICNESS POLICY and will not send my child / children to swimming if they are sick.
- ONCE YOU HAVE BOOKED YOUR LESSONS, YOU ARE COMMITTED TO THAT DAY /S.
- NO CREDIT will be given for days off or holiday's only sick days.
- Credit for sick days only applies if my child / children will be absent for more than 1 week and that to obtain credit for sickness I need a DOCTOR'S CERTIFICATE.
- I have read the TOOWOOMBA CITY STINGERS SWIM CLUB INC mission statement and agree with and will support the ethos of TOOWOOMBA CITY STINGERS SWIM CLUB INC both in my child / children's and my actions and words.

Parents Name in full

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Parent signed

\_\_\_\_\_ Date \_\_\_\_\_

Registrar Signed

\_\_\_\_\_ Date \_\_\_\_\_

\*\* THE CLUB COPY OF THE CLUB POLICIES AND MISSION STATEMENT ARE AVAILABLE AT THE FRONT DESK AND ALSO ON OUR WEBSITE [www.tmbastingersswim.com](http://www.tmbastingersswim.com)

