



# BAROSSA AQUATIC & FITNESS

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## Learn to Swim Enrolment Form

Parents Surname: \_\_\_\_\_ Parents First Name: \_\_\_\_\_  
 Student Surname: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Male ( ) Female ( )  
 Phone Number H:( ) \_\_\_\_\_ M: \_\_\_\_\_ W :( ) \_\_\_\_\_  
 Emergency Contact only other the parent named above  
 Name: \_\_\_\_\_ Home Phone number:( ) \_\_\_\_\_

<b>Day Preference</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>SAT</b>
	<b>AM PM</b>	<b>AM PM</b>	<b>AM PM</b>	<b>AM PM</b>	<b>AM</b>

### Medical History (please tick relevant box)

Asthma  Epilepsy  Diabetes  Allergy  Other

Please identify the Allergy \_\_\_\_\_ Please identify the other \_\_\_\_\_

### PREVIOUS SWIMMING LEVEL/EXPERIENCE:

(eg Yabbie, Stingray, Vacswim 1-7 etc)

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I \_\_\_\_\_ hereby consent for myself/my child \_\_\_\_\_ to attend the above Learn to Swim Program at the Barossa Recreation and Fitness Centre. I understand that the Barossa Recreation and Fitness Centre Management and its staff shall be released from, and shall not incur any responsibility or liability whatsoever for any accident or injury to the applicant or for any damage to or loss of property of the applicant. I hereby authorise Barossa Aquatic and Fitness Centre staff to organise medical or hospital treatment as they see necessary at my expense.

Belgravia Leisure will only use or disclose personal information for the purpose for which it was collected unless:

- The individual has expressly consented to its further use or disclosure
- Any secondary purpose is related to the primary purpose and the individual would reasonably expect this information to be used or disclosed for the secondary purpose
- Required by law

Signed: \_\_\_\_\_ (parent/guardian over 18) Date: \_\_\_\_\_