

2017 ENROLMENT FORM

Office Use Only
Swim School Member no:

Location _____

Fitness First Member: Yes / No Fitness First Membership Number: _____

Your Full Name: _____ Date: _____

Address: _____ Suburb: _____ Post Code: _____

Phone (H): _____ Mobile: _____ Other: _____

Email Address (Please Print): _____

Adult Lessons

Date of Birth: ___ / ___ / ___ Have you had lessons in the past? _____

Child's Full name: _____ M / F Date of Birth: ___ / ___ / ___

Child's Full name: _____ M / F Date of Birth: ___ / ___ / ___

Child's Full name: _____ M / F Date of Birth: ___ / ___ / ___

Child's Full name: _____ M / F Date of Birth: ___ / ___ / ___

Has your child attended swimming lessons in the past? Fitness First / Other: _____

Medical information (Please complete for adult and junior enrolments)

Asthma	Y / N	Vision Problems	Y / N	Hearing problems	Y / N
Epilepsy	Y / N	Immunised	Y / N	ADD/ADHD	Y / N
Autism	Y / N	Diabetes	Y / N	High Blood Pressure	Y / N
Allergies	Y / N	Allergy Type: _____		Other: _____	

I/parent/guardian: _____ hereby consent myself/child/ren: _____

To attend the swimming program at Fitness First. I agree that no liability attaches to Fitness First as a whole or to any staff member for any damage or injury caused by, arising out of, or as a consequence of, any act performed by myself / child, or any act or omission of Fitness First, its staff or agents. I release Fitness First in relation to any temporary/permanent/partial/total injury/fatality to myself / child or damage to or loss of personal possessions arising during the course of or arising out of the activity. I hereby authorise the staff of Fitness First to organise medical or hospital treatment as they see necessary at my expense.

I acknowledge that I will not have any claim of any kind or nature against Fitness First for any illness, injury or adverse change in medical condition or state of health arising directly or indirectly from any test, training, course or rehabilitation program carried out preparatory to or as part of any test, training, course or rehabilitation program I undertake at Fitness First. Any rights granted to me by law which are not capable of change by agreement remain unaffected by the terms of this agreement.

I acknowledge that refunds are not available or applicable in regards to my and/or my child/ren swim lessons if classes are missed and/or participation stops. I further acknowledge that Fitness First will offer amicable options and alternatives if I and/or my child miss swim classes and accept that this does not include refunding or crediting missed lessons.

I have explained to my child/ren the behaviour that is expected of them to ensure their safety at Fitness First I take full responsibility for my child's conduct and actions while at the club. I acknowledge that Fitness First has disclosed to me that I and my child/ren may be photographed whilst participating in the Swim School program and activities and consent to this. By signing this Enrolment Form I also consent to Fitness First using me and my child/rens' image/s in any promotion, advertisement or other material or activities in relation to First First Swim School and other aspects of the Fitness First business and agree that Fitness First is entitled to entire copyright in and sole ownership of any such images. I represent and warrant to Fitness First that all information on this form is correct.

I have read and understand the terms and conditions.

Adult/Guardians name: _____ Date: ___ / ___ / ___

Adult/Guardians Signature: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

(Emergency Contact - another person other than yourself you want Fitness First to contact in the event of an accident resulting in hospitalisation)