

Learn to Swim and Water Safety Application Form

Contact Details

Surname

Given name

Date of Birth / /

Gender F or M

Postal Address

Contact number (H)

(M)

(W)

Emergency Contact Details

Full name

Relationship

Contact number (H)

(M)

(W)

Doctor's Contact Details

Full Name

Contact number

Clinic

Street Address



DIFFERENT STROKES

SWIMMING

Medical History

Have you ever required medical attention for any of the following, please tick

- | | |
|---------------------|----------------------|
| Diabetes | Osteoporosis |
| Parkinson's disease | Arthritis |
| High blood pressure | Joint replacement |
| High cholesterol | other join issues |
| Stroke | Irregular heart beat |
| Asthma | Heart failure |
| Respiratory disease | Angina (chest pain) |
| Epilepsy | Heart attack |
| Hay fever | Cancer |

Other medical history not outlined above

Do you currently have a medical condition that might limit your physical performance? No Yes

If yes, please list medical condition or complete above list

Do you currently smoke cigarettes?

Has a pre-exercise screening test been conducted?

If yes, please list the date it was conducted ----/-----/-----

Please list medications you are currently taking

All information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions.



DIFFERENT STROKES

SWIMMING

Medical Release and declaration

I authorise the instructors to obtain the medical assistance that they deem necessary should an accident occur, and agree to pay all medical expenses incurred. I acknowledge that there is inherent risk of personal injury in physical activities that will be undertaken at Different Strokes Swimming as part of the program and I accept that risk.

Media Consent

I consent / I do not consent to allow Different Strokes Swimming to use photographs, sound or film recording of me at this program for promotion of the Different Strokes Swimming services on social media, to the general media and the general public.

Terms and Conditions

I have read and understand the Terms and Conditions attached and agree to abide by them.

Full Name

Signature

Date