



ENROLMENT FORM



Student Information

First Name: _____ Last Name: _____
 Date of Birth: ____/____/____ Gender: Male Female Annual Reminder sent by email post
 Rash Shirt Size: _____

This course may involve activities in deep water, some of which may require a reasonable level of fitness and swimming ability. Is there any known reason, medical or otherwise, that would limit or restrict your ability to participate in sessions and/or activities?

No Yes, please specify _____

Parental/Guardian Contact Information

First Name: _____ Last Name: _____
 Address: _____
 Suburb: _____ QLD Postcode: _____
 Phone: (h) _____ (mob) _____
 Email: _____

Photo Consent

I authorize Qualified Pty Ltd to take and use any photographs, video or sound recordings of my child and any other reproductions or adaptations of my child's likeness, either in full or part, in conjunction with any wording or drawings, in any Qualified Pty Ltd publications, production or presentation.

I acknowledge that I have no rights in the material nor in any Qualified Pty Ltd publication, production or presentation that includes the material.

Signature of parent/guardian: _____

Statistical Information (for Qualified use only)

- How did you find out about the course?
 School Flyer Friend/Family Pool Other _____
- Does your child currently do swimming outside of school? No Yes, at: _____
- Are you aware of our after school swim programs at Earnshaw, Woolloowin and Zillmere State Schools? No Yes
- Do all adults in your household have current First Aid and/or CPR qualifications? No Yes

Qualified run many swim programs as well as Austswim and First Aid Courses.
 Please send me information on: after school swim classes at _____
 How to become an Austswim Teacher school holiday programs
 Upcoming Austswim Courses Applying First Aid Course CPR Course

Application and Declaration

I hereby acknowledge that I am aware there is an adherent risk of injury or ill-health resulting from the use of Qualified facilities and services and from participation in exercise generally. I have provided details above of any medical conditions that may be affected by participation in Qualified programs or services.

I therefore undertake to utilise these facilities only at my own risk and I hereby waive on behalf of myself, my heirs and executors hereafter liability against Qualified or any injury, illness or adverse change in medical conditions or state of health (whether permanent or temporary) arising directly or indirectly from my use of Qualified facilities or the services provided, whether supervised or not by the Qualified Staff. I acknowledge that the services which are subject to this waiver of liability include, but are not limited to, fitness assessments, exercise programs, use of facilities and all advise directions relating from such services.

I hereby agree to adhere to the rules and direction from Qualified Staff and agree to behave at all times with consideration for other guests and their safety.

I agree and understand all payment processes and makeup policies. I acknowledge and agree to its terms and conditions. I further understand that all monies paid are in advance and are non refundable.

Name: _____ Signature: _____ Date: _____

Payment Details

- Enclosed is a cheque/money order. Please make payable to Qualified Pty Ltd
- Payment by Electronic Transfer. Reference Code: [surname]QJLP
BSB: 124 001 Account No.: 20569063 Account Name: Qualified Pty Ltd
- Cash payment. Please deliver to Qualified Office at Block B, Zillmere State School, Murphy Road Zillmere prior to commencement of course.

Office Use Only

Received by:	Payment Received by	Entered by:
_____	_____	_____

Date: _____	Date: _____	Date: _____
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