

SWORDfish Club



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A.B.N. 39 504 459 149

G.A.C. Swordfish Club – A learn to swim program catering for individual or very small group classes for children with various disabilities.

Registration Form

Child's Name: _____

DOB: ____/____/____

Age: _____

Sex: M / F

Disability: _____

List any allergies: _____

HCC Number: _____

NDIS Number: _____

**We can help
you register for
NDIS funding!**

Are you eligible for NDIS funding but have yet to register? Yes / No

Parents' / Carer's Name/s: _____

Address: _____

Suburb: _____ Post Code: _____

Email: _____

Contact Phone Numbers:

(Home) _____ (Mobile) _____

(Work) _____ (Fax) _____

Please inform G.A.C if any of your details or circumstances change.

*Please attach a Doctor's Certificate stating your child's disability / special requirements.

-What short term and long term goals would you like your child to achieve with their instructor?

-Please describe your child's current swimming ability and include any details regarding your child's swimming history/experience (eg. School swimming program, baby or toddler classes, recreational swimming).

-Please briefly list any behavioural or medical condition information that you would consider relevant to help our instructors with your child. If your child has any specific food or other allergies which are relevant to the pool or swimming lessons, it is essential you note them on this form.

This information is only for the benefit of the centre and your child's instructor.

All information is kept confidential.

Photography and Video at the Geelong Aquatic Centre

I give [___], do not give [___] permission for my child:

to be photographed and/or videoed at the Geelong Aquatic Centre.

I understand that footage obtained, may be used by Geelong Aquatic Centre in its discretion to publicise or advertise the program or any of its undertakings.

I permit the photographs/footage to be used in any form of publication including the Geelong Aquatic Centre website. I further understand that no payment will be received by my child for the footage.

Signature: Parent/Guardian: _____

Print Name: _____

Date: ____/____/____

Please return the completed form to the Geelong Aquatic Centre.