

SWORDfish Club



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

Registration Form

Child's Name: _____

Date of birth: ____ / ____ / ____ Age: _____ Sex: M / F

Disability: _____

List any Medical Conditions/allergies: _____

NDIS number: _____

Are you plan or self-managed for NDIS funding? _____

If Plan Managed who is your Agency? _____

Do you have any other children swimming at GAC? Please list below:

Parents/Guardian names: _____

Carer name (if they will be accompanying your child to swimming):

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.

Childs Profile

Please briefly list any behavioural information that you would consider relevant to help our instructors with your child e.g.- biting, running, repetition, flapping when excited etc...

Does your child have any triggers or sensory processing issues that would benefit the instructor in teaching your child? e.g., tone of voice, language, contact etc...

What interests does your child have that may help motivate them? e.g., Songs, Tv Shows etc

Does your child use any aids or equipment to help communication? e.g., PEC boards, visual aids, toys etc?

Childs Profile

Is there anything else you could tell us about your child's personality that can help us, to ensure a smooth and successful lesson?

Does your child prefer Male or female instructor?

Is there anything specific you would like the instructors to focus on during your child's lesson? e.g., safety, stroke correction, socialisation etc.

What does safety mean to you? e.g., floating, exiting out of pool etc?

Childs Profile

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

What 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. (e.g., School swimming program, baby or toddler classes, recreational swimming).

Childs Profile

Have you any concerns regarding your child's progress?

Could your child swim with other children (max in group 3, except mini squad max 5, this will be assessed by the instructor)? If your child can not swim with others, please give your reasons why?

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:

(Insert child's name here)

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.