

ENROLMENT FORM

MARGIE'S SWIM SCHOOL

56 Emerald End Road, Mareeba Q 4880



FULL NAME OF PARENT/GUARDIAN 1:			
ADDRESS:			
SUBURB:		STATE / PCODE:	
PHONE:		WORK PHONE:	
EMAIL ADDRESS:			

FULL NAME OF PARENT/GUARDIAN 2:			
ADDRESS:			
SUBURB:		STATE / PCODE:	
PHONE:		WORK PHONE:	
EMAIL ADDRESS:			

EMERGENCY CONTACT DETAILS:			
ADDRESS:			
SUBURB:		STATE / PCODE:	
PHONE:		WORK PHONE:	
EMAIL ADDRESS:			

CHILD/PARTICIPANT 1:			
FULL NAME:			
DATE OF BIRTH:		CURRENT AGE:	
GENDER:			
PREFERRED CLASS TIMES:			
MEDICAL CONDITIONS:			
SWIMMING ABILITY:			
SPECIAL NEEDS/OTHER NOTES: (please include any allergies, breathing problems, hearing problems, identified medical conditions, epilepsy, dizziness, fainting, asthma, heart conditions, lung conditions, etc.)			

I give permission for my child to have their photos taken for promotional use.

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CHILD/PARTICIPANT 2:	
FULL NAME:	
DATE OF BIRTH:	CURRENT AGE:
GENDER:	
PREFERRED CLASS TIMES:	
MEDICAL CONDITIONS:	
SWIMMING ABILITY:	
SPECIAL NEEDS/OTHER NOTES: (please include any allergies, breathing problems, hearing problems, identified medical conditions, epilepsy, dizziness, fainting, asthma, heart conditions, lung conditions, etc.)	

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CHILD/PARTICIPANT 3:	
FULL NAME:	
DATE OF BIRTH:	CURRENT AGE:
GENDER:	
PREFERRED CLASS TIMES:	
MEDICAL CONDITIONS:	
SWIMMING ABILITY:	
SPECIAL NEEDS/OTHER NOTES: (please include any allergies, breathing problems, hearing problems, identified medical conditions, epilepsy, dizziness, fainting, asthma, heart conditions, lung conditions, etc.)	

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CHILD/PARTICIPANT 4:	
FULL NAME:	
DATE OF BIRTH:	CURRENT AGE:
GENDER:	
PREFERRED CLASS TIMES:	
MEDICAL CONDITIONS:	
SWIMMING ABILITY:	
SPECIAL NEEDS/OTHER NOTES: (please include any allergies, breathing problems, hearing problems, identified medical conditions, epilepsy, dizziness, fainting, asthma, heart conditions, lung conditions, etc.)	

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BOOKINGS:

Please note that all bookings are subject to availability. Classes are very limited and there is no guarantee that spots will be available. Bookings will only be secured once payment has been made in full.

PAYMENT:

Payment for the entire class term must be paid in advance prior to the commencement of the first class.

REFUNDS & CANCELLATIONS:

Refunds are not provided for missed lessons. Cancellations will also mean that payment for the lesson is forfeited. Please provide notice if your child will not be attending a lesson.

HYGIENE:

Margie's Swim School endorse the QLD Health and Safety Guidelines. To ensure that you and your families enjoy a clean & pleasant environment when visiting the pool:

1. Make sure children always use the toilet before entering the pool and wear tight-fitting waterproof pants and approved swimming nappies at all times.
2. Use the change tables and/or change rooms provided.
3. Dispose of waste and nappies in the bins provided.
4. Regularly wash hands with soap provided, particularly after changing nappies.
5. If you, or your children have experienced any diarrhoea or flu like symptoms in the past 14 days please DO NOT attend the pool.

COVID REQUIREMENTS:

Please ensure you adhere to all current & relevant QLD Health COVID-19 Guidelines. Please DO NOT attend the pool if in the previous 14 days you have:

- returned to Australia from overseas (other than a safe travel zone country)
- been in close contact with an active COVID-19 case
- been in an COVID-19 exposure site as defined by the Chief Health Officer
- had a fever, cough, sore throat, headache, distorted sense of taste, shortness of breath, chills, vomiting or any cold/flu like symptoms in the last 72 hours

Please note that Margie's Swim School complies with the relevant COVID Safe Checklist: Public Health and Social Measures – Unvaccinated staff and patrons permitted. Masks may be required when entering the indoor areas (however obviously will not be required when using the pool).

The 'New NORMAL'



Maintain physical distancing (1.5m)



Wear a mask as required and when you can't physically distance



Maintain good hand hygiene



Get a COVID-19 test if you have symptoms



Stay at home when sick



Check In Qld app for effective contact tracing



Get vaccinated and get a booster when you can

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RISK WAIVER:

I agree to [myself/my child/my children's] voluntary attendance and participation to swimming lessons at Margie's Swim School. I understand that at all times any child under the age of 18 will be the responsibility of the attending parent/guardian, and accordingly all children must be supervised by their parent/guardian at all times. I understand that although Margie's Swim School attempts to minimise any risk of personal injury, I acknowledge that there is an inherent risk of personal injury in physical activities undertaken at Margie's Swim School. I understand [myself/my child/my children] are required to follow all instructions, both written and verbally given by staff at Margie's Swim School. I acknowledge that Margie's Swim School shall not be liable or responsible to me for articles lost, damaged or stolen from any of its venues.

I fully accept and assume all such risks associated with Margie's Swim School and release Margie's Swim School and its staff from any and all liability for any loss, damage, injury or expense that I may suffer, or that child/children/next of kin may suffer as a result of [my/my child/my children's] participation in the classes, activities and services provided by Margie's Swim School. I agree to hold harmless and indemnify Margie's Swim School and its employees and agents from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from [my/my child/my children's] participation in any program, activity or service provided by Margie's Swim School.

I agree that prior to [myself/my child/my children's] participation, I will inform Margie's Swim School of any known medical conditions or factors that may place [myself/my child/my children] at risk. Margie's Swim School may request a medical release from my medical practitioner prior to participation. I will inform Margie's Swim School of any symptoms before, during and after participation in a lesson or class.

In case of an emergency, I authorise pool staff, to arrange for [myself/my child/my children] to receive such medical or surgical treatment as deemed necessary by appropriate authorities. I agree to pay or reimburse costs which may be incurred for medical or surgical attention, ambulance transport, drugs and any other medical or surgical expenses while [myself/my child/my children] are enrolled at Margie's Swim School.

I understand that from time-to-time Margie's Swim School and/or its employees or may film or photograph the classes, activities or services provided by Margie's Swim School. I permit Margie's Swim School and its employees to use, publish, reproduce, distribute, display and/or otherwise use any names, images, voices and videos, in all forms of media whether now existing or developed in the future.

The terms and conditions of this release form and waiver of liability are subject to change without notice. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full force and effect. All persons under 18 years of age must have this form signed on their behalf by a parent or guardian before attending a Margie's Swim School class.

I, _____ acknowledge that I have read the above release and waiver of liability and fully understand its contents. I agree to the above waiver and confirm all the information provided by or on behalf of myself is true and correct and that I have provided Margie's Swim School all necessary information about [my/my child/my children's] health that may restrict [my/my child/my children's] ability to participate in a class. I acknowledge that if the instructor feels that [my/my child/my children] are deemed to be unfit to participate in class, the instructor will request I discontinue the class.

PARENT'S FULL NAME: _____

CHILD/CHILDREN'S NAMES: _____

SIGNATURE: _____ **DATE:** _____