

Northam Swimming Club

TRY-OUT FORM

SWIMMER PERSONAL INFORMATION (*compulsory)

First Name*

Last Name*

Date of Birth*/...../.....

Gender* M / F

Australian Citizen* ☐ Yes ☐ No

Swim Certificate level achieved (if applicable)

HEALTH CONDITIONS (Please detail any health conditions affecting swimmer)

Disabilities

☐ Physical

☐ Learning

☐ Hearing

☐ Visual

☐ Other

Details

ADDITIONAL EMERGENCY CONTACT INFORMATION (must be completed)

First Name*

Last Name*

Relationship*

Phone*

Informed Consent and Acknowledgement

I, as the Swimmer or Parent/Guardian, (in respect to an applicant under the age of 18 years):

Understand that Swimming WA and the Northam Swimming Club will be responsible for handling personal information. This is for emergency contact and medical information and personal information will not be passed on to any other third party without the applicant's consent.

Assume all risk and hazards incidental to the conduct of the activities and release, absolve and hold harmless Northam Swimming Club and its respective officers, agents, and representatives from all liability for injuries to said child participation in or conducted during the sessions.

Consent for my child to be administered such emergency medical treatment as is reasonable/ necessary and that I will reimburse any necessary expense incurred Herby waive all claims against Northam Swimming Club including all coaches and affiliates, all participants and if applicable owners and lessors of premises used to conduct the event

I have read, understood, and agree to the above declarations.

Signature (Member).....

Date/...../.....

If under 18, Name of Parent / Guardian

Signature (Parent / Guardian)

Date/...../.....

CLUB USE ONLY:

Date Received/...../.....

Signature

Assessment:

Day*

Date*

☐

Copy emailed to Head Coach / Registrar (please circle)

Date/...../.....

