

Please complete and return form via email:

admin@mountaincreekswimming.com.au



Mountain Creek Swimming Enrolment

General Information:

Full Name: _____ Date of Birth: _____ Age _____

Home Address: _____

Information about your child's health and wellbeing

Is your child at risk of Anaphylaxis Yes No

Does your child have an Anaphylaxis Plan in place Yes No

Does your child have Asthma Yes No

Does your child take medication regularly Yes No

Does your child have a medical condition that may impact on their time at swimming Yes No

Is your child accessing any specialist support services or Allied Health professional Yes No

Does your child present with any additional needs or have a diagnosed disability Yes No

Does your child require any support with mobility Yes No

Does your child require any support communicating Yes No

Does your child require any learning support Yes No

Does your child have any additional support needs not mentioned above Yes No

Please provide details (from the above) or anything not mentioned (above) that may be useful for the swim team to be aware of: _____

Parent Information:

1st parent/guardian full name: _____

Relationship to child: _____ Resides with child Yes No

Home address (if different to child): _____

Email address: _____

Mobile: _____

2nd parent/guardian full name: _____

Relationship to child: _____ Resides with child Yes No

Home address (if different to child): _____

Email address: _____

Mobile: _____

Parent signature: _____ Date: _____

Office Use

LTS Level: or Squad Name: