



PLAYFORD AQUATIC CLUB INC.



Information Update

If any of the following have changed since you completed your membership paperwork can you please complete this form and return to the Club Registrar at registrar@playford-aquatic.com.au

Family Name (for reference)

Address;.....

.....

.....

Home phone; Mobile phone;

Email address;

Alternate email address;

Emergency Contact Information

Name;

Relationship;.....Phone;.....

Updated:.....

- ❖ Medical information changes; Please complete Medical Information
- ❖ Photographic Consent change; Please complete Photographic Consent



PLAYFORD AQUATIC CLUB INC.



MEDICAL INFORMATION FORM

Our insurance requires that we have current medical information and parental permission for use in emergencies; a new medical information form is required each season. Could you please complete the details below and return this form to the Registrar Playford Aquatic Club PO Box 229 Elizabeth 5112 with your membership form and payment.

ALL INFORMATION WILL BE HELD IN CONFIDENCE BY YOUR CHILD'S COACH

Swimmer's FullName

Address

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

Parent's/ Guardian's Name

Contact phone no (BH) (AH)

Mobile

Ambulance subscriber? Yes No Membership No

Medicare No

Private Health Insurance? Yes No

Fund Name..... Membership No

Any Allergies? Yes No

If yes, please provide details of nature of allergy and Details of Medication /Treatment Plan

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.....

Asthma sufferer? Yes No

Details of Medication /Treatment Plan

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.....

**** Asthma sufferers should complete and attach an Emergency Asthma Management Plan per your Doctor's advice, prior to commencement of Summer Training Camp.**



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Any other Current or Past Medical Condition (i.e. Diabetes, Heart Condition) Yes No

If YES, provide details:.....
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Please list ALL medication currently being taken

.....
.....

Year of last Tetanus Injection/ Booster.....

Medical Practitioner or Specialist Name:.....

Address:.....

Contact Ph no:.....

EMERGENCY CONTACT INFORMATION (*compulsory information)

Last Name*..... First Name*..... Relationship*.....

Telephone: Home () _____ Work () _____

Mobile _____ * at least one number must be provided

In the event of accident or illness, I authorise the person in charge, (where it is impractical to communicate with me), to obtain such medical or surgical treatment deemed necessary for my child. I agree to pay all fees and expenses.

Print Full Name Parent / Guardian.....

Signature of Parent / Guardian.....

Updated:.....

Please note:

Playford Aquatic Club and Swimming SA collect membership information in accordance with Swimming Australia's Privacy Policy.



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PHOTOGRAPH / MEDIA RELEASE CONSENT FORM

We like to promote our Club by publishing images of our swimmers on the PAC Facebook Page/ Website during training sessions, club nights and competitions. We also supply local Newspapers with interesting stories and photographs of our swimmers.

We therefore need to have written approval from all parents/guardians to allow us to use photos or media of your child/children in the promotion of our Club.

PHOTOGRAPHY / MEDIA RELEASE CONSENT FORM

I,give /do not give
permission for my child to be,

- photographed
- have their name released to the media
- have their images on the PAC Facebook Page/website.
- have their images published in the PAC club news letter

Parent / Guardian Signature

Updated :.....

**** This authority may be amended at any time by contacting the following email

registrar@playford-aquatic.com.au