



Doncaster Dolphins Masters Swimming Club Inc.

www.doncasterdolphins.com.au

PO Box 2129, Lower Templestowe, 3107

President: Sue Harbottle

ABN: 61729883944

SWIM FOR LIFE 2017 Application Form

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date Of Birth		
Address		
Email Address		
Phone No.		
Emergency Contact	Name:	
	Phone No.:	

Please confirm availability Sunday Nov 12th, 19th, 26th, & Dec 3rd - 9 am - 10 am ☐

SWIMMING ABILITY:

Note: Participants **MUST** be able to swim a minimum of **50m freestyle non-stop** and be comfortable in deep water.

Please indicate your current swimming ability to assist the coaching staff:

- ☐ able to swim 50m and up to 500m freestyle
- ☐ able to swim 500m and up to 1km freestyle
- ☐ able to swim 1km to 2km
- ☐ able to swim 2km or more

Please circle which strokes, if any, you can do apart from freestyle:

Breaststroke / Backstroke / Butterfly

Please indicate how often you currently swim and how many meters or kms you usually swim:.....

MEDICAL INFORMATION:

Please indicate if you suffer from any of the following medical conditions:

Condition

Further Details

- ☐ Athsma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Condition
- ☐ Blood Pressure
- ☐ Migrane
- ☐ Arthritis
- ☐ Other

TERMS AND CONDITIONS:

I understand that by registering for the "Swim for Life" program, I agree to advise the coaching staff of any medical conditions I may have. I am aware that there may be risks associated with participating in this activity.

SIGNED: _____ **Date:** _____

Print name in Block Letters: _____

VIDEO INFORMATION:

- ☐ I agree to have a video taken of myself [above & below water] during the training sessions. I understand the video will be used by the coaching staff for stroke guidance and improvement.
- ☐ I acknowledge I am aware that other general footage of the program (above the water only) may be filmed during the course of the program to be used for a promotional video. I agree that images of myself may be captured during in this footage and I consent for those images to be included in the promotional video (this is optional)

SIGNED: _____ **Date:** _____

Print name in Block Letters: _____

Please indicate how you found out about Swim For Life 2017:

Further Details

- | | |
|---|-------|
| <input type="checkbox"/> Leader Ad | _____ |
| <input type="checkbox"/> Poster / Letter drop at Aquarena | _____ |
| <input type="checkbox"/> Dolphins website | _____ |
| <input type="checkbox"/> Facebook | _____ |
| <input type="checkbox"/> From a friend | _____ |
| <input type="checkbox"/> Other (please specify) | _____ |
| | _____ |

PLEASE RETURN THE COMPLETED FORM TO:

SWIM FOR LIFE 2017

EMAIL: wsimmons2467@gmail.com

MOBILE PHONE: 0419 843317

OFFICE USE ONLY

REGISTRATION NUMBER: _____ **DATE RECEIVED:** _____