



Doncaster Dolphins Masters Swimming Club Inc.

www.doncasterdolphins.com.au

PO Box 2129, Lower Templestowe, 3107

President: Tony Chenco

ABN: 61729883944

SWIM FOR LIFE 2018 Application Form

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

Please confirm availability Sunday Nov 11th, 18th, 25th & Dec 2nd from 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
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Epilepsy	_____
<input type="checkbox"/> Heart Conditions	_____
<input type="checkbox"/> Blood Pressure	_____
<input type="checkbox"/> Migraine	_____
<input type="checkbox"/> Arthritis	_____
<input type="checkbox"/> 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: _____

I acknowledge and consent to photographs and videos being taken of me during my participation in the 'Swim for Life' program. I acknowledge and agree that such photos and videos are owned by the Doncaster Dolphins Masters Swimming Club and may be used for promotional purposes without my consent such as Dolphins Facebook page, Dolphins Club Newsletter, Dolphins Website and Swim for Life flyers / posters:
(To ensure the privacy of individuals, images will not be identified using names or personal identifying information without the written approval from the participant)

SIGNED: _____ **Date:** _____

Print name in Block Letters: _____

Please indicate how you found out about Swim For Life 2018:

- Leader Ad
- Poster / Flyer at Aquarena
- Dolphins website
- Facebook
- From a friend
- Other (please specify) _____

PLEASE RETURN THE COMPLETED FORM TO:

SWIM FOR LIFE 2018
EMAIL: wsimmons01@optusnet.com.au
or leave at Aquarena reception

OFFICE USE ONLY

Registration Number: _____ Date Received: _____