



2010 Program Registration Form

Participant's Name:	HILAC Card Customer Number: <i>(Above Barcode)</i>	HILAC Membership? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth:
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FOR PARTICIPANTS YOUNGER THAN 18 YEARS OLD

Responsible Person's Name:	Phone No:
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Please indicate the required level: (5-15 years)

<p><u>PARENT + CHILD LESSONS</u></p> <p><input type="checkbox"/> 1 Duck 6-12 months</p> <p><input type="checkbox"/> 2 Ducks 12-18 months</p> <p><input type="checkbox"/> 3 Ducks 18-24 months (to 30 m if beginner)</p> <p><input type="checkbox"/> 4 Ducks 24-36 months</p> <p><input type="checkbox"/> 5 Ducks 36+ until independent lessons</p> <p><u>INDEPENDENT LESSONS (3.5 -5 years)</u></p> <p><input type="checkbox"/> TURTLE (absolute beginner)</p> <p><input type="checkbox"/> STARFISH (intermediate & confident)</p> <p><input type="checkbox"/> DOLPHIN (independent swimmer)</p>	<p><input type="checkbox"/> Level D1, absolute beginner</p> <p><input type="checkbox"/> Level 1 confident, aim to swim 3m+</p> <p><input type="checkbox"/> Level D2 aim to swim 10m+</p> <p><input type="checkbox"/> Level 2 aim to swim 20m free/back</p> <p><input type="checkbox"/> Level 2 stroke technique (not yet ready for 25m pool)</p> <p><input type="checkbox"/> Level D3, in 25m pool, aim to swim 30m</p> <p><input type="checkbox"/> Level 3, aim to swim 50m, Free/ Bk/Br</p> <p><input type="checkbox"/> Level 4 (low) aim to swim 75m Fr/Bk/Br</p> <p><input type="checkbox"/> Level 4 (high) stroke technique</p> <p><input type="checkbox"/> Level 5 aim to swim 100m, all strokes</p>	<p><input type="checkbox"/> Level 6</p> <p><input type="checkbox"/> Level 7</p> <p><input type="checkbox"/> 7 Plus <i>("Lap it Up" class)</i></p> <p><input type="checkbox"/> PRIVATE</p> <p><input type="checkbox"/> ADULT</p> <p><input type="checkbox"/> OTHER</p>
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<input type="checkbox"/> Term 1	<input type="checkbox"/> Term 2	<input type="checkbox"/> Term 3
<input type="checkbox"/> Term 4	<input type="checkbox"/> HOLIDAY PROGRAM	

Please Note!

Enrolments will be usually be accepted for the following term from the Monday of the second last week of each program for current participants only and will be open to everyone else from the Monday of the last week of each program. The exception to this is for term one of each year when enrolments will be open to everyone at the same time, from the start of the last week of the previous term 4 swimming program. A new form with the medical information and privacy statement over-page must be completed and signed by the responsible person EACH time you register for a new program. Registration forms cannot be accepted prior to the enrolment date.

Payment must be made at the time of booking. This means your child's enrolment in a class is NOT confirmed until payment is made. Enrolments can be made in person at HILAC - cash, cheque and eftpos facilities are available. Postal enrolments with an accompanying cheque will be accepted. Refunds will not be given though special circumstances may be applied for.

Program Day Choice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Swim & Survive <i>5 years old and over</i> AFTER SCHOOL LESSONS						
Adult Swim Education						
Infant Aquatics <i>9am - 12noon times, 6months to 3½ years old</i> PARENT + CHILD LESSONS						
Kinder Swim <i>9am - 12noon times, 3½ to 5 years old</i> INDEPENDENT LESSONS						

Note: Blank spaces indicate which days the program may be available; classes will only be available if a minimum number of participants are enrolled on a particular day in a particular class-type. Class times and days may change each term.

Comments: _____

Registration forms can be submitted at/or mailed to:
Hamilton Indoor Leisure & Aquatic Centre
 (83-93 Shakespeare Street)
 Locked Bag 685
 Hamilton 3300
 Telephone: 5551 4300 Fax: 55719745



Medical and Special Needs Form

Aquatic programs may involve activities in both shallow and deep water. Is there any known reason, illness, disability, impairment or otherwise which may impact, limit, influence or restrict participation?

ASTHMA	No <input type="checkbox"/>	Yes <input type="checkbox"/>
EPILEPSY	No <input type="checkbox"/>	Yes <input type="checkbox"/>
DIABETES	No <input type="checkbox"/>	Yes <input type="checkbox"/>
ALLERGIES	No <input type="checkbox"/>	Yes <input type="checkbox"/>
HEART CONDITION	No <input type="checkbox"/>	Yes <input type="checkbox"/>
DISORDER-SPEECH	No <input type="checkbox"/>	Yes <input type="checkbox"/>
DISORDER-HEARING	No <input type="checkbox"/>	Yes <input type="checkbox"/>
DISORDER-SIGHT	No <input type="checkbox"/>	Yes <input type="checkbox"/>
OTHER-INJURY	No <input type="checkbox"/>	Yes <input type="checkbox"/>
OTHER-DISABILITY	No <input type="checkbox"/>	Yes <input type="checkbox"/>
OTHER SPECIAL NEEDS/CONSIDERATIONS:.....			

FOR PARTICIPANTS YOUNGER THAN 18 YEARS OLD:

Responsible Person's Declaration

As the Responsible Person of :.....I.....give consent for his / her participation in the nominated aquatic program. I agree to delegate authority to the AUSTSWIM qualified instructors to practise the disciplinary action they deem necessary (within the AUSTSWIM –Teachers of Swimming and Water Safety teaching Code of Conduct) to ensure the safety, wellbeing and correct conduct of students as a group or individually. I understand that the child is under the care of the instructor only during the time of the lesson and it is my responsibility to present a child younger than 10 years old to the appropriate instructor at the commencement of each lesson and to be present on pool-deck to collect the under 10 year old child at the end of each lesson.

Privacy Statement

The personal information requested is collected by The Southern Grampians Shire Council for the purpose of enrolling the participant in a program and will be used solely for directly related purposes. The applicant understands that the Medical/Other Information is required to enable staff to provide the participant with the most appropriate support available. If you choose not to provide this information, Southern Grampians Shire Council will be unable to process your application. The applicant may apply to Southern Grampians Shire Council for access to and/or amendment of the information provided.

Fees and Cancellations

I agree to pay program fees upon enrolment which then confirms the participant's place in the program. The Hamilton Indoor Leisure and Aquatic Centre must be notified of cancellations prior to the program commencement. I understand the value of the cancelled program, less an administration fee (equivalent to one lesson) will be credited to my HILAC family account to be used towards a next set of lessons. I understand that any unattended lessons will be forfeited and no refunds or credits apply unless a medical certificate is provided or extenuating circumstances can be proven. Credited accounts must be used within twelve months of the credit being allocated.

I authorise the person in charge to obtain any medical assistance deemed necessary, for the participant or myself, should an accident or incident occur whilst attending a program, and I consent to bear any medical expenses thereby incurred. I further acknowledge and agree to indemnify the Southern Grampians Shire Council from liability for any damage, loss or injury that may be incurred by the participant as a result of wilful misbehaviour or wilful breach of specific instruction, whilst in attendance at the facility or whilst involved in the activities of the program. I have read and accept the above conditions and I am aware of the program for which my consent is requested.

Signed:..... Date:.....

EMERGENCY CONTACT (someone different to any person/s attending lessons)

Name:.....
 Contact Number:..... Relationship to Participant:.....
