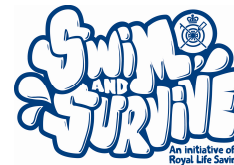




HAMILTON INDOOR LEISURE AND AQUATIC CENTRE

AQUATIC EDUCATION REGISTRATION FORM



Registration forms can be submitted at/or mailed to:

Hamilton Indoor Leisure & Aquatic Centre
 Locked Bag 685, HAMILTON 3300
 Telephone: 5551 4300 Fax: 55719745

The Southern Grampians Shire Council is collecting the information on this form for the purpose of registering you as a customer of The Hamilton Indoor Leisure and Aquatic Centre. This information may also be used to send you newsletters and special promotions and to ascertain your satisfaction with the Centre's services.

Student Details

Title: _____ First Name: _____ Surname: _____

Address: _____

Post code: _____ email: _____ D.O.B. / /

Telephone: home _____ mobile _____ work _____

Parent/Guardian (if student under 18 years) _____

Please tick the term and required level:					
<input type="checkbox"/> Term 1		<input type="checkbox"/> Term 2		<input type="checkbox"/> Term 3	
<input type="checkbox"/> Term 4					
Wonder 6months – 3years		Courage 3- 5 years		Active 5-15years	
<input type="checkbox"/> Wonder 1 (6-12months)		<input type="checkbox"/> Courage 1		<input type="checkbox"/> Active D1 <input type="checkbox"/> Active 1	
<input type="checkbox"/> Wonder 2 Stage 3 (12-18month)		<input type="checkbox"/> Courage 2		<input type="checkbox"/> Active D2 <input type="checkbox"/> Active 2	
<input type="checkbox"/> Wonder 2 Stage 4(18 – 24 month)		<input type="checkbox"/> Courage 3		<input type="checkbox"/> Active D3 <input type="checkbox"/> Active 3	
<input type="checkbox"/> Wonder 3 Stage 5 (24 – 30 months)		<input type="checkbox"/> Courage 4		<input type="checkbox"/> Active 4 <input type="checkbox"/> Active 5	
<input type="checkbox"/> Wonder 3 Stage 6 (30 – 36 months)		<input type="checkbox"/> Courage 5		<input type="checkbox"/> Active 6 <input type="checkbox"/> Active 7	
Other programs					
<input type="checkbox"/> 7 Plus					
<input type="checkbox"/> PRIVATE					
<u>Bronze</u>					
<input type="checkbox"/> Star					
<input type="checkbox"/> Medallion					
<u>Adults</u>					
<input type="checkbox"/> Beginner					
<input type="checkbox"/> Stroke work					
NB: Classes will only run if minimum enrolments are filled					
Please indicate your preferences 1st, 2nd and 3rd in the table below:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Note: Please check current timetable for class times and days. Times and days may vary each term</i>					

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?

Relevant information that staff need to be aware of:

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:.....

Emergency Contact (someone different to any person/s attending lessons)		
Name:	Relationship to student:	Phone:



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 practice 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.

Terms and Conditions of Enrolment

Enrolments	Program registration forms must be filled out completely including the medical information and privacy statement and signed by the responsible person EACH time you register for a new term. Registration forms will not be accepted prior to the enrolment date. Enrolments can be made in person at HILAC - cash, cheque and eftpos facilities are available. Postal enrolments with an accompanying cheque will be accepted.	
Payments	Payment MUST be made at the time of booking. No places will be reserved through telephone contact. All program fees must be paid in full upon enrolment, therefore confirming the participant's place in the program.	
Fees and Cancellations	The Hamilton Indoor Leisure and Aquatic Centre must be notified of cancellations prior to the program commencement. Where a participant/applicant cancels his/her program the cost of the cancelled program, less an administration fee (equivalent to one lesson) will be credited to the participant's family account to be used towards the cost of future lessons. Failure to attend any lessons will result in the program cost being forfeited with no refund or credit to apply unless a medical certificate is provided or extenuating circumstances can be proven to exist. All credited fee must be used within twelve months of the credit being allocated.	
Privacy Statement	The 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.	
Medical	HILAC staff in charge of programs are authorized to obtain any medical assistance deemed necessary for the participant and/or applicant, in the event that an accident or incident occurs whilst attending a program. Any and all medical expenses thereby incurred will be borne by the applicant.	
HILAC cards	Students must present their HILAC cards at reception prior to each lesson. The Hamilton Indoor Leisure and Aquatic Centre customer card remains the property of the Southern Grampians Shire Council at all times.	
Customer enrolment information and Privacy	<p>The Southern Grampians Shire Council acknowledges and respects the privacy of individuals. Individuals' personal information that is collected on this document is for the purpose of customer enrolment, and updates and assisting us to improve our services. The recipients of this information are the Southern Grampians Shire Council, its staff and contracted service providers. Applicants have the right to access and alter their own personal information in accordance with the Information Privacy Act (Vic) 2001 and the Southern Grampians Shire Council Privacy Policy.</p> <p>Failure to provide the information requested on this form will result in the cancellation of any program bookings.</p> <p>Any applicant who does not wish to be sent any further promotional material or have their personal information disclosed to strategic partners please tick the 'OPT OUT' box. Your name will then be removed from our mailing list.</p>	<p>Please tick box if you wish to OPT OUT</p> <p><input type="checkbox"/></p>

I hereby agree to abide by the rules/regulations and terms/conditions of the Hamilton Indoor Leisure and Aquatic Centre. In making this declaration, I confirm that I have legal capacity, and am physically and mentally competent to do so.

I agree to indemnify, keep indemnified, and hold harmless the Southern Grampians Shire Council, its Councillors and staff, sub-contractors or agents from and against all actions, claims, losses, damages, penalties, demands or costs (including without limitations, all indirect losses, consequential losses and legal costs on a full indemnity basis) arising out of my use of the Hamilton Indoor Leisure and Aquatic Centre, except where such loss or damage arises directly from the negligence of the Council or its staff, Councillors, sub-contractors or agents.

Southern Grampians Shire Council reserves the right to rescind the rights of any customer who fails to comply with conditions of this facility.

I have read and accept the above conditions and I am aware of the program for which my consent is requested.

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

For enrolment dates visit www.hilac.com.au or check out the Aquatic Notice board at the centre.