



BECOME A JUNIOR LIFEGUARD!

15/16TH & 18/19TH JANUARY 2018 • NORTH ROCKHAMPTON SWIMMING POOL

JUNIOR LIFEGUARD PROGRAM

This intensive 2-day program has been developed by Royal Lifesaving for young people aged **12 to 15 years** to help them learn a wide variety of water safety, swimming, lifesaving and resuscitation skills.

Students who have completed a Learn to Swim program or who currently participate in a Swim Squad program are eligible to enrol.

Upon completion of this program, participants will be presented with a Certificate of Achievement and a medallion.

For more information, please call 4926 1515 or Email admin@aqualification.com.au.

COST

\$98 per child

WHEN & WHERE

9.30am to 2.30pm

15/16th and 18/19th January 2018

North Rockhampton Swimming Pool
330-360 Berserker St, Frenchville

WHAT TO BRING

Togs, towel, sunscreen, hat & water bottle
(morning tea and lunch provided)

REGISTER TODAY!

Places are limited. Please complete and return the registration form (see over page) by **30th December 2017**.

**REGISTER
TODAY!**



AQUALIFICATION & FITNESS PTY LTD • ABN 71 607 583 595

350 Berserker St, Frenchville Qld 4701 • Ph 4926 1515 • Email admin@aqualification.com.au





REGISTRATION FORM

JUNIOR LIFEGUARD PROGRAM



REGISTRATION DETAILS: Preferred program date: 15-16th January 2018 18-19th January 2018

Parent/Guardian Name: _____ Mobile: _____

Parent/Guardian Name: _____ Mobile: _____

Address: _____ Suburb: _____ P/code: _____

Phone Number (H): _____ Email Address: _____

1st Child Name: _____ D.O.B: _____ Male Female

2nd Child Name: _____ D.O.B: _____ Male Female

3rd Child Name: _____ D.O.B: _____ Male Female

EMERGENCY CONTACT DETAILS: (Name that is not listed above e.g. grandparent/family friend)

Name: _____ Mobile: _____ Relationship to child: _____

MEDICAL INFORMATION: Please indicate whether your child has the following conditions. Please specify which child (if more than one child) is registered for classes.

Asthma	Diabetes	Epilepsy	Developmental Delays
Autism	ADHD	Skin Conditions	Other _____
Allergies	Heart Disease	Learning Difficulties	

REGISTRATION FEE: The cost of this program is **\$98 inc GST** per child. Payment must be made in full prior to commencement via cash, cheque or bank transfer (EFT details below).

Account Name: Aqualification & Fitness **BSB No:** 034 636 **Acc No:** 295 567 **Reference:** Please use your surname.

AQUALIFICATION & FITNESS PTY LTD: JUNIOR LIFEGUARD PROGRAM

I, the undersigned acknowledge that:

1. Aqualification & Fitness Pty Ltd will not be liable in any way for unforeseen circumstances and for any circumstances of which I should have been aware, but failed to notify them.
2. I shall inform this organisation of any medical related changes to my child prior to commencement of any aquatics session.
3. I give permission to staff to contact any of the phone numbers set above if the need may arise.
4. I give permission for First Aid to be administered to my child if necessary.
5. I give permission for my child's name to be used in the newsletter acknowledging swimmers doing well.
6. I have read and understood the Code of Conduct and realise that by participating in ANY aquatic sessions offered by Shut the Gate and Aqualification & Fitness Pty Ltd., I agree to abide by the Code of Conduct. I also understand that I am responsible for my child/ren's behaviour.
7. Talent Release Clause: Aqualification & Fitness is a training facility. We regularly video teachers and students to help improve teaching quality.

I authorise Aqualification & Fitness Pty Ltd, and any person authorised by them, to make, record, duplicate, and copyright as it's own property: photographic pictures, production stills, videotapes (with and without sound), voice recordings of myself or my children (list children's names) _____, _____, and _____, and my property and to use, publish and broadcast them, in any medium for advertising, promotion or trade, in any altered composite or other form in colour or otherwise. Yes No

8. I have read the above statement and agree to be bound by it and to release the organisation of any claims.

Full Name (please print): _____ Date: _____

Signature: _____

