



**COTTESLOE SURF LIFESAVING CLUB
EDUCATION COURSE ENROLMENT FORM**

Please complete this form and send back to Anna Walter admin@cottsurf.com prior to the commencement of your course.

ENROLMENT FORM

PERSONAL INFORMATION

First Name:	Surname:
Date of Birth:	Contact Number:
Email address:	

MEDICAL INFORMATION

Tick	Health Condition	Details
<input type="checkbox"/>	Allergy / Anaphylaxis	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	
Has your child's Medical Practitioner provided a health care plan to assist the club to manage the condition? Y/ N		

PRIOR LEARNING e.g. Provide First Aid (HLTAID003)

LEARNING CONSIDERATIONS Please specify if yourself/your child require considerations (e.g. Hearing conditions)

1. EMERGENCY CONTACT

In case of an emergency on the day(s) please list two people and their contact details who can be contacted.

Contact One: _____ Relationship: _____ Phone: _____

Contact Two: _____ Relationship: _____ Phone: _____

CANDIDATE TO SIGN

Signed:	<i>(Candidate)</i>	Date:
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PARENT / GAURDIAN PERMISSION (Under 18 years ONLY)

I consent to _____ participating in the mentioned course.

- I give permission for my child to receive medical treatment in case of emergency.
- I am aware that Cottesloe SLSC's insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed:	<i>(Parent/Guardian)</i>	Date:
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