

**CRONULLA SPORTS PAVILION****Learn-to-Swim/Swim Squads****FAMILY NAME** **CHILD'S NAME:** **DOB****ADDRESS****SUBURB** **POSTCODE****PHONE (Home)** **(Work)****(Mobile)** **(Email)****EMERGENCY CONTACT or, if under 18 PARENT/GUARDIAN CONTACT (Name)** **(Phone)****EXERCISE HISTORY**

What squad are you currently in?

How long have you been squad training?

MEDICAL HISTORY: Do you suffer from (if yes, please circle)

Heart Condition	High Blood Pressure	Low Blood Pressure
Epilepsy	Diabetes	Hypoglycaemia
Arthritis	Current Injury	Asthma

*If yes, please give details:*Do you take any medication? **NO** **YES**
If yes, please specify:

Are there any medical conditions that may require us to modify your training?

*If you have answered YES to any of the above questions, have you had clearance from your doctor to exercise? (If NO, you may be asked to provide us with a medical certificate before exercising.)*Client's signature **Date**Parent/guardian signature (if under 18) **Date****OFFICE USE ONLY****Allowed to exercise** **NO** **YES****Trainer/instructor name****Trainer/instructor signature** **Date**