



Doncaster Dolphins Masters Swimming Club Inc.  
[www.doncasterdolphins.com.au](http://www.doncasterdolphins.com.au)

President: Sue Harbottle  
 ABN 61729883944

## “SWIM FOR LIFE 2016” REGISTRATION FORM

<b>Name</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Date of birth</b>	
<b>Address</b>	
<b>Email address</b>	
<b>Telephone contact</b>	
<b>Emergency Contact Details</b>	Name..... Contact Number.....

**Please confirm availability Oct 2<sup>nd</sup>, 9<sup>th</sup>, 23<sup>rd</sup> & 30th 2016 - 9am to 10am**

### Swimming Ability

Please indicate your current swimming ability to assist the coaching staff:

- Beginner Swimmer (swims irregularly but can swim 50m nonstop)
- Recreational Swimmer (swims irregularly up to 1km per session)
- Regular Swimmer (swims up to 2km per session and 1-3 times per week)

Please indicate what strokes you can do (freestyle, breaststroke, backstroke and/or butterfly):

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If you are either a recreational or regular swimmer, please indicate how regularly you swim and how many metres or km's you usually swim:

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### Medical Information

Please indicate if you suffer from any of the following medical conditions.

**FURTHER DETAILS**

- Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Heart Condition \_\_\_\_\_
- Blood Pressure \_\_\_\_\_

- Migraine \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Other \_\_\_\_\_

**Terms and Conditions**

*I understand that by registering for the "Swim for Life" program, I agree to advise the coaching staff of any medical conditions I may have. I am aware that there may be risks associated with participating in this activity.*

**SIGNED:**..... **Date:**.....

**Print Name in BLOCK LETTERS** .....

**Video Information**

*I agree to have a video taken of myself [above & below water] during the training sessions. I understand the video will be put on to a CD to be used by the coaching staff for stroke guidance and improvement.*

**SIGNED:**..... **Date:**.....

**Print Name in BLOCK LETTERS** .....

**Please indicate how you found out about Swim For Life 2015.**

- Leader Ad \_\_\_\_\_
- Poster/Letter drop at Aquarena \_\_\_\_\_
- Dolphins Home Page \_\_\_\_\_
- From a Friend \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO DAVID MASON**

**SWIM FOR LIFE PROJECT,**

**159, OLD ELTHAM ROAD, LOWER PLENTY, 3093**

**MOBILE PHONE: 0400 585 084**

<b>FOR OFFICE USE ONLY</b>	
Registration Number: .....	Date Received:.....