



Wizards Swim School @ Bracken Ridge

'the Pool at the School'

Family Information Form

ADDRESS INFORMATION (*indicates required information)

Residential Address	Billing Address (if different)
Parent/Carer 1 Name/s: *Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> : _____ _____	Address to: _____
Parent/Carer 2 Name/s: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> : _____ _____	Street: _____
Street: * _____	Suburb: _____
Suburb: * _____	State: _____ Post Code: _____
State: * _____ Post Code: * _____	Home Phone: _____
Home Phone: * _____	Business Phone: _____
Business Phone: _____	Mobile: _____
Mobile: * _____	e-mail: _____
e-mail: * _____	

PARTICIPANT INFORMATION

Family Name*	First Name*	Middle Names*	M or F*	Date of Birth*

If a new client, how did you hear about us:

- Newspaper Ad
- Internet
- The School you attend
- Word of Mouth

DECLARATION

Title: Conditions of participating in the Wizards Swim School @ Bracken Ridge program.

- I agree to abide by the rules, policies and Terms & Conditions" of the Wizards Swim School @ Bracken Ridge
- I note that the Swim School has \$20 Million public liability insurance cover.
- I as the Parent or Guardian of the applicant, expressly agree to allow images of the applicant under the age of 18 years to be used by the club in promotional material either printed or electronic. (please strike out if not agreeable to this item)
- I warrant that all information provided is true and accurate.

I have read, understood, acknowledge and agree to the above declaration.

Signature: _____

Date: _____

Smart Swim