



SOUTHERN CROSS CATHOLIC COLLEGE
SWIMMING CLUB
 Scarborough Road
 SCARBOROUGH QLD 4020



ENROLMENT FORM

SWIMMER'S NAME

CHILD 1 _____

CHILD 2 _____

CHILD 3 _____

CHILD 4 _____

DATE OF BIRTH

CHILD 1 _____

CHILD 2 _____

CHILD 3 _____

CHILD 4 _____

PARENT/CARER'S NAME: _____

ADDRESS: _____

PHONE: (H) _____(W) _____
 (M) _____

PARENT/CARER'S NAME: _____

ADDRESS: _____

PHONE: (H) _____(W) _____
 (M) _____

Office Use Only	CHILD 1	CHILD 2	CHILD 3	CHILD 4
3 Day Program				
5 Day program				



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CONFIDENTIAL MEDICAL FORM

SWIMMER'S SURNAME _____

GIVEN NAMES _____

DATE OF BIRTH _____

HOME ADDRESS _____

HOME TELEPHONE _____

MOBILE _____

SCHOOL _____

EMAIL ADDRESS _____

PARENT/CARER'S CONTACT INFORMATION

(at least 1 parent/carer and 1 emergency contact must be provided)

PARENT/CARER'S NAME _____

EMERGENCY CONTACT NO _____

PARENT/CARER'S NAME _____

EMERGENCY CONTACT NO _____

EMERGENCY CONTACT NAME _____

RELATIONSHIP TO SWIMMER _____

EMERGENCY CONTACT NO _____

DOCTOR'S NAME _____

ADDRESS _____

TELEPHONE _____

MEDICARE NO (____) _____

PLEASE ADVISE OF ANY OF THE FOLLOWING

HEARING _____

VISUAL _____

HEART _____

RESPIRATORY (*e.g. Asthma*) _____

ALLERGIES _____

PHOBIAS _____

MOTION SICKNESS _____

OPERATIONS
(*in the past 12 months*) _____

RECENT ILLNESSES
(*in the past 12 months*) _____

MEDICATION REQUIRED _____

ALLERGIES/DRUG
REACTIONS (*e.g. Penicillin*) _____

OTHER MEDICAL
INFORMATION _____

If your child is prescribed medication during the season, it is your responsibility to advise the club.

In the event of serious accident requiring urgent professional treatment, do you agree to the child being taken to the nearest Hospital/Medical Centre for treatment.

YES/NO (please circle)

Do you know of any allergic reaction your child may have to any type of anaesthetic?

If I cannot be contacted, I give permission to the person in charge or his/her delegate to permit the administration of blood for transfusion and/or anaesthetic.

SIGNED _____

DATE _____



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CODE OF BEHAVIOUR AGREEMENT FORM

SWIMMERS

- Swim for the fun of it, not just to please your parents or coach.
- Swim within the spirit of the rules.
- Never argue with an Official decision. Let your Manager or Coach ask any necessary questions. A reasonable question should get a reasonable response.
- Control your temper. DO NOT throw your kickboard or any other equipment.
- Practice equally hard for yourself and your team – your teams performance will benefit from your own.
- Be a good sport. Applaud good swims, whether it is your teams or your opponent's.
- Treat all swimmers as you yourself would like to be treated. Don't interfere with, bully or take unfair advantage of another swimmer.
- Remember that the goals of the sport are to have fun and improve your skills.
- Be kind and courteous to other swimmers.
- Co-operate with, and show respect to your coach, team mates, officials and opponents, for without them you wouldn't have a sport.
- Swimmers must remain within the pool area at all times. DO NOT loiter outside pool walls.
- Swimmers must be on time and ready for training, and train according to coaches and clubs expectations.

PARENTS/CARER'S

- Remember that children participate in sport for their enjoyment – not yours.
- Encourage children to participate – do not force them.
- Focus on the child's efforts and performance, rather than winning or losing.
- Encourage children always to play according to the rules and to settle disagreements without resorting to hostility or violence.
- Never ridicule or yell at a child for making a mistake or losing a competition.
- Remember that children learn best by example. Appreciate good performances and skilful plays by all participants.
- Support all efforts to remove verbal and physical abuse from sporting activities.
- Respect officials' decisions and teach children to do likewise.
- Always approach officials to resolve concerns in an appropriate manner and a suitable time.
- Show appreciation for volunteer coaches, officials and administrators. Without them, your child could not participate.
- Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.

FAMILY NAME _____

ADDRESS _____

HERBY AGREE TO ABIDE BY THE SOUTHERN CROSS CATHOLIC COLLEGE SWIMMING CLUB CODE OF BEHAVIOUR. I/WE ACKNOWLEDGE THAT THE SOUTHERN CROSS CATHOLIC COLLEGE SWIMMING CLUB MAY TAKE DISCIPLINARY ACTION AGAINST MYSELF/FAMILY IF I/WE ARE FOUND TO BE IN BREACH OF THIS CODE. I UNDERSTAND THAT SUCH DISCIPLINARY ACTION AGAINST MYSELF/FAMILY MAY INCLUDE TERMINATION OF CLUB MEMBERSHIP.

Signature

Date



TERMS AND CONDITIONS

Effective 4th March 2007.

- Each swimmer must complete an Enrolment Form, Confidential Medical Form and Code of Behaviour Agreement and return to Pool Office.
- Squad fees are to be charged by the term. Invoices will be issued during the first week of each term block.
- Payment of fees are only by Direct Debit, Cheque and Eftpos (*when available*). NO CASH will be accepted once Eftpos is available.
- Eftpos(*when available*) – The cardholder must transact the payment themselves, and then place Merchant Copy in marked envelope with swimmers name and amount paid. Instructions will be provided to assist families.
- Families currently paying via Direct Debit weekly, fortnightly or monthly will have their payment credited towards their account.
- One week’s notice is required for a suspension of a Direct Debit for a period of no less than a week.
- One week’s notice must be given if a family is to be away for a period greater than a week to receive any credit for that period. No credit is available for less than one week.
- If a swimmer is away due to illness no credit is allowed unless away for a period greater than a week and a doctors certificate is provided.

Parents and carers are reminded that payment by Direct Debit is the preferred method of payment (weekly, fortnightly or monthly). Direct Debit forms are available from the pool office.

Special purpose envelopes for cheque, cash and Eftpos are available at the pool office. Please complete details requested and return.

Office Use Only				
Membership Payment Type	EFT	Cash	Chq	Direct Deposit
Receipt Number				