



# Client Details Form

## Participant Details

Surname	First Name	Date of Birth	Gender M/F	Bar Code

Parent/Guardian Name (if participants under 18): \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Club/Organisation/Group (if applicable): \_\_\_\_\_

Club/Organisation Address: \_\_\_\_\_

## Emergency Contact (Not the same person as listed above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you aware of any health condition and/or medications that may, in any way, affect the participants' ability to participate in any activity?  Yes  No

***If yes, you must inform instructors and complete a Medical Details Form.***

**Custody Details (if relevant) :** \_\_\_\_\_

## Permission to Photograph of Individual/Group/Club/Organisation

I permit a representative of the City of Mandurah Recreation Centres to use photographs of the individual/s above.

- Published in external and/or internal publication and website produced by the Mandurah Recreation Centres.
- Displayed or otherwise used, as deemed appropriate by Mandurah Recreation Centres.
- I also give specific permission for the individual/s to be identified by name in photographs wherever they are reproduced as deemed appropriate.

Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Taking photos and/or filming your children during lessons is only allowed if you have obtained the permission of Swim School, the Instructor and the other parents/carers of children in the group. Please be considerate and courteous while taking photos or filming so as not to disturb the class or be in the view of other observers.**

## Please see over page for Terms and Conditions

## Declaration

I, the undersigned, have read and understood the Terms and Conditions (see each Department for full Policy and Procedures) under which the programs/lessons/crèche are provided by the City of Mandurah Recreation Centres. I acknowledge and recognise the possibility of injury or other damages connected with physical activity usually undertaken by myself or my child utilising the facilities or services and hereby release the City from liability unless the injury sustained by me or my child is as a result of the City's negligence. I further authorise the said officers or servants of the City of Mandurah to procure such medical assistance as they may determine in the event of any illness or accident which may occur to me or my charge, whilst attending the Centres, and agree to meet any expenses incurred therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant or Parent/Guardian)

## How did you hear about us?

- Newspaper  Radio  Internal  Referral  
 Website  Brochure  Facebook





### Terms and Conditions

1. **PAYMENT** – Upfront payment is required at the time of enrolment. Cheques are payable to the City of Mandurah.
2. **ATTENDANCE** – Participants card must be presented at Centre Reception for registering prior to each class
3. **CASUAL ATTENDANCE** – Participants may attend as a casual only if vacancies in that program are available on that day. Casual Fees Apply. (Not available for Swim School)
4. **CANCELLATIONS** – Cancellations will only be accepted when submitted in writing via the City of Mandurah Recreation Centre's Cancellation Form which is available at Customer Service. Cancellations will not be accepted over the phone. No refunds will be given if a cancellation occurs after week two (2) of each term, unless a doctor's certificate is provided or for extraordinary circumstances, which may be approved at the supervisor's discretion. Cancellation Fees apply.
5. **ABSENCES** – Credits and makeup lessons for missed lesson cannot be offered due to high demand for classes.
6. **DROP-OFF AND COLLECTION REGULATIONS** – Where a student is 10 years or under, they MUST be accompanied by a responsible person over the age of 16 years.
  - **Swim School** – Students MUST be dropped off and collected from the MUSTER AREA. Dropping off or collecting children from pool side is STRICTLY NOT ALLOWED. Parent/Guardian must stay within the Centre during lessons.
7. **CONTACT/MEDICAL DETAILS** - Supply any change of contact details to customer service and any medical information to instructor.
8. **LOCATION** - Please be aware that your child may be taken from the allocated program area to other areas in or around the Venue.
9. **CRECHE** – Parent/Guardian must:
  - Stay on the premises whilst your Child is using the Crèche Facilities.
  - Provide immunisation records to Crèche.
  - Read and understand the City of Mandurah Crèche Facilities Brochure

### Private and Special Needs

1. **PAYMENT** - Once a class has been accepted, booked and invoiced, payment for the set lessons may be made upfront or paid in instalments as arranged.
2. **ABSENCES** - Absences with less than 24 hours notice will result in lesson being charged for, except for special circumstances at the supervisor's discretion.
3. **CANCELLATION** - A cancellation form must be completed and signed. Administration Fees will apply, along with any unattended lessons before the form has been completed.
4. **CLASSIFICATION** - To be classified as a "Special Needs" client, documentation is required about the medical conditions, any medical background and specific behaviours that we need to be aware of.

