

Albany Surf Life Savings Club – Consent to Train



Full Name: _____ DOB: _____

Cap Colour: _____ Age (as at 30 Sept): _____

Club Age Group (Please specify): Under Youth Senior

Swim Stage: _____ Home Ph: _____

Parent/Carer Name: _____ Mob: _____

Parent/Carer Name: _____ Mob: _____

Emergency Contact: _____ Mob: _____

Allergies: _____

Medication: _____

Injury/Illness History: _____

Current Injuries: _____

Parent/Carer consent to participate in Board Training (if under 18)

Signature: _____

Name: _____ Date: _____