

# 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 training (if under 18)

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_