

# SAPPHIRE AQUATIC CENTRE

## TEEN FIT BOOKING FORM

Participant Name:		Date of Birth:		M/F	
Phone Number (Home):		(Mobile):			
Emergency Contact:		Phone:			
Address:					
Email:					

### Medical Details Concerning the Participant-

Please outline any medical, physical or learning difficulties which may affect participation program.

For example: Asthma, Epilepsy, Allergies, Learning and or Behavioural problems.

Please also note any medications prescribed to aid with medical condition/s:

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

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

**Parent Consent Required for Ages 12-15**  
**please see below**

Parent/Guardian  
Name:

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Phone Number:  
(H)

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(M)

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I give permission for (participant) \_\_\_\_\_ to join the supervised Teen Fit program at the Sapphire Aquatic Centre.

All medical information has been disclosed.

Parent / Guardian Signature: \_\_\_\_\_

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

Form can be emailed to [info@sapphireaquatic.com.au](mailto:info@sapphireaquatic.com.au)