



REGISTRATION FORM – Make A Splash

Session: Women – 10am–12pm Men: 12pm-2pm (please circle)

Name: _____

Age: _____

School or Community Group Name: _____

Contact Person Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Nationality: _____

First Speaking Language: _____

English Speaking: _____

Swimming Ability (using the options below please indicate/circle your swimming ability)

Non-Swimmer Beginner Intermediate Advanced

Do you require assistance in the water? Yes No

If yes: Name of parent/Teacher/carers who will be assisting you in the water-

(If no assistance required please write N/A)

By participating in this Clinic, I agree that I may be photographed at the event, and that images may be used by Swimming Queensland and their associates in their publications, on their websites and social media channels.

- ☐ I give permission for my photo to be taken and used as stated above
- ☐ I do not give permission for my photo to be taken

Signature _____

(If person is under the age of 18, form must be signed by parent/guardian)