



**WEST COAST SWIMMING CLUB
SWIMMER WITH A DISABILITY MINI-SQUAD**

ENROLMENT FORM

Given Name: _____ Family Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Suburb: _____ Post code: _____

Home telephone: _____ Work telephone: _____

Mobile: _____ Fax: _____

Email address: _____

Emergency Contact:

Name: _____ Telephone: _____

Medical Questionnaire:

Part A – Have you ever suffered or currently suffer from the following?

- | | |
|--|----------|
| 1. High blood pressure | YES / NO |
| 2. High cholesterol / High Triglycerides | YES / NO |
| 3. Chest pain | YES / NO |
| 4. Rheumatic fever | YES / NO |
| 5. Heart condition | YES / NO |
| 6. Stroke | YES / NO |
| 7. Gout | YES / NO |
| 8. Stomach / Duodenal ulcer | YES / NO |
| 9. Diabetes | YES / NO |
| 10. Epilepsy | YES / NO |
| 11. Liver / Kidney condition | YES / NO |

If you have answered YES to any of the above conditions, you will require a medical certificate from a doctor before participating in this program.

Part B – Do you, or have you, ever experienced the following?

- | | |
|--|----------|
| 1. A family history of heart disease, stroke or raised cholesterol | YES / NO |
| 2. Breathing difficulties or asthma | YES / NO |
| 3. Hernia | YES / NO |
| 4. Arthritis | YES / NO |
| 5. Back pain | YES / NO |
| 6. Muscular pain / cramps | YES / NO |
| 7. Major injuries and/or surgery | YES / NO |
| 8. Smoker | YES / NO |
| 9. Regular headaches | YES / NO |
| 10. Pounding / palpitating heart | YES / NO |
| 11. Chronic cough | YES / NO |

If you have answered YES to any of the above conditions, your coach will need to be made aware of this condition.

Part C – Please answer the following questions in as much detail as possible:

List all prescribed Medication(s) you are currently taking and their purpose:

Have you been hospitalised lately? If so, provide dates and the reason(s) why.

Do you currently have, or have recently had, any skin infection or other communicable disease (e.g., chicken pox, measles, conjunctivitis, diarrhoea, ringworm etc)? If yes, please provide details:

Females only: Are you currently pregnant? YES / NO

Please provide details of your disability. Are there any special requirements that may assist your involvement in this program?

Are there any other conditions that may limit your involvement in this program? If yes, please provide details:

Have you ever been classified for participation in competitive swimming? If yes, what is your classification?

*Thank you for completing this enrolment form.
If you have any questions, please speak to one of the coaches.*

The individual details required on this form will be used for administrative purposes related to the provision of a swimming program at West Coast Swimming Club. This information will not be made available to any third party unless it is necessary as part of the provision of this service.