



COME AND TRY NIPPERS

DATE:

TIME:

BBQ:

REGISTRATION TIME:

FINISH TIME:

NIPPERS PROGRAM ROTATING ACROSS THE DISCIPLINES



* U6 - U9 wading only

To register complete the waiver below and send to:

COME AND TRY NIPPERS



SURF LIFESAVING CLUB NAME & STATE:

PARTICIPANT (YOUR CHILD'S) DETAILS

First Name: Last Name: Date of Birth:

Address: Post Code:

Phone: Email:

Has the participant experienced swimming in an open water environment: YES (Distance?) NO

Can the participant swim competently in a swimming pool: 25 metres 50 metres NO

Does the participant have any medical condition/s or health problems that require disclosure: YES NO

If YES, please provide details of the medical condition or health problem below or attach to this form.

Medical condition/health problem:

If a medical emergency could occur, please provide any further relevant information?

Precautions to avoid emergency:

How to recognise an emergency

Emergency treatment required

Does your child require additional assistance to participate in the program? YES NO

Does your child take any prescribed medication (including inhalers)? YES NO

Is this medication required to be brought to the event? YES NO

If YES, then a parent must be in attendance to administer the medication at the event.

Please name any prescribed medication (including inhalers) taken by your child:

Medication Name(s):

When Taken: Dose: How Taken:

Side Effects:

**Note: Any medication needed should be available during activities, with written notes of your child's name, medication, dose, etc.*

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PARENT/GUARDIAN/EMERGENCY CONTACT DETAILS

First Name: Last Name: Relationship:

Phone: Email:

PLEASE READ CAREFULLY

By signing on behalf of my child, I:

(a) agree to waive and release, and will release, the Club and its personnel from any claims including but not limited to any negligent or reckless act or omission, that I may have, or may have had, but for this release arising from or in connection with my participation in any Surf Life Saving activity conducted by the Club and/or SLSA;

(b) agree that I/my child(ren) are not covered by any Personal Accident Injury Insurance whilst participating in surf life saving activities conducted by the club;

(b) consent to the appointed doctors, coaches, staff, and other officials of the Club to provide first aid to me and if required deliver me for treatment to the nearest operating and available medical facility if I am injured as a result of my participation in any Surf Life Saving activity conducted by the Club and/or SLSA; and

(c) consent to the Club and SLSA, using my name, image, likeness and also my performance in or of any Surf Life Saving activity at any time to promote the Objects of the Club and/or SLSA, by any form of media. I waive any rights I might have to or in such use of my name, image, or likeness by the relevant SLS organisation. By providing yours and your child's personal information to SLSA, you consent to its use, storage and disclosure in accordance with SLSA Privacy Policy (available at www.sls.com.au).

WARNING: SLS Activities can be inherently dangerous. I acknowledge that I or my child is exposed to certain risks during SLS Activities including but not limited to physical exertion, contact with surf lifesaving equipment, body contact, surf, sea, tidal and weather conditions and exposure to potential or actual medical conditions, infections, and/or illnesses. I acknowledge that accidents can and often do happen which may result in me or my child being injured or even killed, or my or my child's property being damaged. I have voluntarily read and understood this warning and accept and assume for myself and for my child the inherent risks of my child participating in SLS Activities. SLS Activities means performing or participating in any capacity in any activity, event or function organised by an SLS Organisation.

Parent/Guardian signature: Date: