



Aqua Play registration form

I am applying for (please circle)

Yea (Thursdays)

Eildon (Tuesdays)

My name is.....

My child/ren Age.....

..... Age.....

..... Age.....

Our address is.....

Town..... Post code.....

My best contact number is.....

My email address is.....

Should anything happen to me or my child/ren while at Aqua play, please contact:

..... on

As they are my

My Child/ren or myself have allergies/intolerances to.....

.....

.....

My child..... has been diagnosed with.....

..... This means.....

.....

** I realise that my child/children are wholly my responsibility whilst at Aqua Play.

** I understand that this means that I will be in the swimming pool if they are.

** I will make sure that my child wears an appropriate swim nappy until they are completely toilet trained.

Name: Signed:

Please submit forms to Council offices in Yea or Alexandra or by email to msc@murrindindi.vic.gov.au