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Kwinana Recquatic Junior Programs Medical Form

MEDICAL CONDITIONS: Please specify any existing medical conditions or disabilities that will/could affect the student.

Student's name: <input type="text"/>	D.O.B: <input type="text"/>
Parent/guardian name: <input type="text"/>	Contact number: <input type="text"/>
Emergency contact name: <input type="text"/>	Emergency contact number: <input type="text"/>
Child's medical practitioner: <input type="text"/>	Practitioner number: <input type="text"/>

Please state all information on your child's medical condition:

Have you had consent from you child's doctor to participate in classes? yes no

Does your child have any limitations that may hinder them in classes? yes no

If yes, please provide details:

Has your child had any junior program experience before? yes no

If yes, please provide details:

Does your child have any communication needs? (i.e. verbal, non verbal, signing) yes no

If yes, please provide details:

Does your child have any dislikes that may impact on participation? yes no

If yes, please provide details:

What is you goal/s for enrolling your child into a program? (i.e. fun, safety, exercise etc).

Please provide any other relevant information that maybe helpful for your child during classes: