



**Administration:** 0415 125 823  
**Squad training:** 0415 125 823  
**Swim school:** (03) 9878 0387  
**Fax:** (03) 9878 0387  
**Email:** info@tateswim.com.au  
**Web address:** tateswim.com.au  
**A.B.N.:** 59 289 096 024  
**A.C.N.:** 130 271 260  
**Postal address:** PO BOX 2293, Blackburn South, VIC 3130

## SYDNEY NATIONAL TEAM TRIP

- Requirements:** Swimmers must have qualified for nationals and/or be training in the Tateswim National Squad.
- Overview:** Swimmers will be attending the National Championships held at the Sydney Aquatic Centre in Homebush. Swimmers not competing in the meet will be undertaking a training program.
- Important:**
- **A meeting will be held on Wednesday, March 3 at 7.00pm at the MARC for all potential participants and qualifiers. Parents are welcome.**
  - Entries close Monday, March 22. Entries are to be completed online ([www.swimming.org.au](http://www.swimming.org.au)).
  - Swimmers competing at Nationals will receive a financial contribution and team uniform from the M1 Swimming Club (approximately one week prior to the championships).
  - Swimmers competing at Nationals must stay with the team—swimmers may not stay separately with parents. Families are welcome to attend the swim meet, but must remain independent of the team whilst in Sydney.
  - Swimmers wishing to attend this trip should return this form as soon as possible.
  - Flights will be booked by Tateswim in the week beginning Monday, March 8.
- Dates of camp:** Sunday, April 4 – Sunday, April 11 2010
- Location:** Sydney and surrounding areas
- Accommodation:** To be advised
- Travel:** By plane to Sydney then via mini van in Sydney
- Team Managers/ Coaches:** Mark Tate (Tateswim)  
Rod Skudar (Malvern Academy)  
Other (TBA)
- Cost (GST inclusive):**
- \$900 payable to Tateswim
  - Flight costs— to be debited from your account after March 8, 2010
  - Spending money (amount to be advised).
- Payment** Payment of \$900 will be debited upon receipt of the consent form. Payment for the cost of flights will be debited from your account once flights have been booked. An email advising the flight costs and flight information will be sent prior to the debit.
- Cancellation policy:** No refund will apply.
- What to bring:** Spending money, team gear and swimming gear.
- Returning consent form** Please return this form as soon as possible.
- Enquiries:** Email: info@tateswim.com.au  
Phone: 0415 125 823
- Participants will receive an email with further information approximately 5-10 days prior to the camp.



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## CONSENT FORM—SYDNEY 2010

**Activity:** SYDNEY Nationals 2010  
**Date(s) of activity:** 4-11 April, 2010  
**Cost:** \$900 per person (Includes GST)  
Flights costs (to be debited)  
Swimmers are required to bring spending money (amount to be advised).  
**Team Managers:** Mark Tate, Rod Skudar and other (to be advised)  
**Swimmer(s) names:** \_\_\_\_\_  
\_\_\_\_\_

**Notice:** I am aware that participating in swimming training, stroke correction, swimming camps and all other related activities may involve a degree of risk. I am/my child is, therefore, engaging in such activities entirely at my own risk. I am also aware that it is a condition of participating in swimming training, stroke correction, swimming camps and all other related activities as conducted by Tateswim, that Tateswim, its directors, instructors, members, servants or agents are absolved from all liability **to the full extent permitted by law** for death, injury or loss caused arising out of my participation/my child's participation in swimming training, stroke correction, swimming camps and all other related activities as conducted by Tateswim whether due to any negligent act, breach of duty, default and/or omission on the part of Tateswim, its directors, instructors, members, servants or agents. I am also aware that I must disclose to Tateswim all relevant medical information about myself/my child and my/my child's swimming background, experience and ability so that Tateswim its directors, instructors, members, servants or agents may provide the correct swimming training and stroke correction.

I give permission for myself/my child/children (named above), to take part in the above activity/activities and agree to make full payment.

I understand that there will be no refund.

I have completed and attached a medical form.

**I wish to make payment as follows (please indicate payment method):**

**DIRECT DEBIT (FULL PAYMENT)**

I give permission for Tateswim to debit my account \$900 upon receipt of this form plus I give permission for Tateswim to debit the cost of flights after March 8, 2010.

**DIRECT DEBIT (INSTALMENTS)**

I give permission for Tateswim to debit my account \$300 on the following dates: March 15, 22 and 29, 2010, plus I give permission for Tateswim to debit the cost of flights after March 8, 2010.

**\$900 CASH UPFRONT plus direct debit of flight costs**

Please find enclosed \$900 cash payment. I also give permission for Tateswim to debit the cost of the flights after March 8, 2010.

Signature of parent

Date

**PLEASE RETURN AS SOON AS POSSIBLE**



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## MEDICAL FORM

<b>Name of child:</b>	
<b>Child's Date of Birth:</b>	
<b>Parent's/Guardian's Full Name:</b>	
<b>Residential Address:</b>	
<b>Emergency Telephone:</b>	
<b>After Hours:</b>	
<b>Business Hours:</b>	
<b>Mobile Phone:</b>	
<b>Name of Family Doctor:</b>	
<b>Address of Family Doctor:</b>	
<b>Medicare No.:</b>	
<b>Ambulance Fund No.:</b>	
<b>Medical/Hospital Insurance Fund:</b>	
<b>Contribution No.:</b>	

**1. Please circle if your child suffers any of the following:**

Bed wetting	Fits of any type	Heart condition	Asthma
Diabetes	Dizzy spells	Sleepwalking	Blackouts
Migraine	Travel sickness	Other (provide details below)	

**2. Does the swimmer suffer any allergies? Provide details where necessary:**

**3. What special care is recommended? Diet recommendations may also be noted here.**

**4. Tetanus Immunisation** - Year of last tetanus immunisation:

(Tetanus immunisation is normally given at five years of age [as Triple Antigen or CDT] and at fifteen years of age [as ADT]).

**5. Tablets and Medicines** - Is your child presently taking tablets and/or medicine (please circle)?    Yes    No

If YES, please state name of medication, dosage, etc.:

**Note:** All medication must be handed to the person in charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken, (these will be kept in the first-aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the person in charge and yourself.

**CONSENT TO MEDICAL ATTENTION**

Where the person in charge of the activity is unable to contact me, or it is otherwise impracticable to contact me, I authorise the person in charge to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner and/or administer such first-aid as the person in charge may judge to be reasonably necessary.

Signature of parent/guardian

Date