

IMPORTANT QUESTIONNAIRE

Please complete then scan and return to 4SEAsons Swim
coach@4SEAsonsswim.com.au or hand the printed copy to the
Coach at your 1st session

4SEAsons Swim Pty Ltd
P.O. Box 191 Waverley 2024
ABN 95 158 633 017



YOUR DETAILS

First name:	Last name:	
Preferred name (if different to above):	Date of birth:	
Phone (mob):	Phone (other):	
Email:		
Address:		
Suburb:		Post code:
Occupation:	Really useful skills:	

IN CASE OF EMERGENCY CONTACTS

1st contact

First name:	Last name:	
Phone (mob):	Phone (other):	
Relationship to you:		

2nd contact

First name:	Last name:	
Phone (mob):	Phone (other):	
Relationship to you:		

Please tick here if you do not wish to receive email communications from 4SEAsons Swim about group activities and swimming news (we do not share your email address with other organisations and you can ask for email communications from us to stop at any time)

From time to time, we use photos from our swimming sessions on our website and in promotional flyers. Please tick here if you do not consent to 4SEAsons Swim using images which identify you taken during group activities.

Date:

MEDICAL HISTORY

I consider my level of current fitness and health to be (circle one):

Poor

Fair

Good

Have you or do you suffer from any of the following (please circle)?

- Palpitations/ Chest Pain
- Heart Condition
- Asthma/ Breathing Condition
- Stroke
- Low or High Blood Pressure
- Epilepsy

- Blood Disorder
- Diabetes
- Dizziness or Fainting
- Liver/ Kidney Conditions
- Stomach/ Duodenal Ulcer
- Hernia

- Muscular pain
- Cancer
- Respiratory disorder
- Raised Cholesterol/ Triglycerides
- Anaphylaxis
- Lower back pain

Have you had any major injuries or surgery in the last 3 years (circle one)?
If yes, please list:

No

Yes

Are you pregnant or planning a pregnancy?

No

Yes

Are you taking any medication that can affect you while exercising (circle one)?
If yes, please list:

No

Yes

Based on your answers above, you may be required to present a medical certificate before commencing your exercise program.

If your health changes you must notify the coach before participation in any group exercise.

SWIMMING EXPERIENCE AND GOALS

In the last 12 months, what has been the longest distance you have swum in a session (circle one)?

I can't swim

100 m

500 m

1 to 2 km

Over 2 km

Have you had experience swimming in the ocean? (circle one)?

No

Yes

What are your swimming/fitness goals for the next 12 months?

What other regular exercise do you do?

Print your name here:

Date:

I, _____, acknowledge that group exercise is designed to improve my personal fitness by providing instruction and motivational attention by Accredited Coaches. I understand that there may be health risks associated with activities using physical exertion in a group exercise program. The health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the Group Coach, and consult my Doctor.

Warning: Ocean swimming and Triathlon training can be inherently dangerous. I acknowledge that I am exposed to certain risks during training activities including but not limited to physical exertion, contact with exercise equipment, body contact and surf, sea and weather conditions. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. Specific risks include, but are not excluded to; drowning, dangerous marine life, contaminated water, dangerous surf, collision with submerged objects or water craft. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in ocean swimming and triathlon activities.

Fitness to Participate: I declare that I am medically and physically fit and able to participate in any training activities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify 4Seasons Swim Pty Ltd of any change to my medical condition, fitness and ability to participate. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my Doctor and that I agree to consult my Doctor for further evaluation and such medical care as I require.

I acknowledge that my participation in the Group Exercise program is at my sole risk.

In consideration for my voluntary participation in the group exercise program including ocean swimming and triathlon I, my family, heirs, executors, representatives, administrators, and assignees do hereby waive, release, and forever discharge the company known as 4SEAsons Swim Pty Ltd, and their respective managers/officers, directors, employees, and agents; and Coaches, from any and all responsibilities, liabilities and legal action, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the 4SEAsons Swim Services/Programs and my participation in the group exercise program. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the group exercise program.

I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by the company known as 4seasons Swim Pty Ltd.

I will abide by the code of behaviour and rules of 4SEAsons Swim Pty Ltd given to me verbally or electronically.

I certify that I have read the above Waiver and Release of Liability and have had any questions answered to my satisfaction.

Sign here: _____

Print your name here: _____

Date: _____

Code of Safety

At all times we swim for fun, for exercise, for experience and for a challenge. It is important to take all steps necessary to ensure your own safety and those around you. The following code of safety outlines the main ways we can achieve this.

- ≈ Arrive on time to the training session
- ≈ Listen to the Coaches briefing and instructions during the training session
- ≈ Clarify any instructions that you do not understand before proceeding
- ≈ Swim to your ability – avoid following more experienced swimmers into conditions that are not suitable for your skills and experience level
- ≈ If you find yourself unable to swim back to shore raise your hand and signal for help from the Coach, from other swimmers and from Life Savers on patrol. Remain calm, help will arrive
- ≈ Do not swim if you have an illness that is likely to affect your ability to exercise
- ≈ Do not swim if you are affected by alcohol - this includes hangovers!
- ≈ If you need to leave a training session before it ends please notify the Coach or a participant before leaving.

Whether you swim fast or slow, always swim safe.