



ENROLMENT FORM

NAME.....

ISA TEST LEVEL.....

Is the above named subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition that may affect his/her safety?

No [] Yes []

Please list and provide details of medication currently being taken if applicable.

Unless such conditions are listed Coaches can not take responsibility for medical conditions of which they are unaware.

I agree to inform WAISA before the commencement of the VacSkate program any change to the above named participant's health and fitness. Where it is not practical to communicate with me, I authorize the Coach/WAISA to consent to my child receiving such medical treatment as may be considered necessary.

Parent Contact Phone No: _____ (Home) _____ (Mobile)

PAYMENT BY CHEQUE TO WAISA INC, PO BOX 1472, BIBRA LAKE 6965

Please tick

Table with 2 columns: Date, Tick box. Rows: Wednesday 16th April, Wednesday 23rd April.

OPEN TO ALL FINANCIAL WAISA MEMBERS

PLACES ARE LIMITED - BOOK EARLY TO AVOID DISAPPOINTMENT

If you require any further information please contact WAISA on waisa@iprimus.com.au or www.waisa.org