

**Pambula Surf Life Saving Club**  
**Nippers Registration**



**Parent/Carer:**

Title:			
Surname:			
Given Name:			
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Address:			
Phone Numbers:	Home:	Work:	Mobile:
Email Address:			
Relationship to Child:			

**Emergency Contact:**

Emergency Contact during Nippers:	Name:	Phone Number:
	Relationship to Child:	

**Child 1:**

Surname:	
Given Names:	
Date of Birth:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
How far can your child swim?	25m <input type="checkbox"/> 50m <input type="checkbox"/> 100m <input type="checkbox"/> 150m <input type="checkbox"/> 200+m <input type="checkbox"/>
Please rate your child's surf awareness: (eg Identifying a rip)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> (1 being little to no surf awareness, 5 being excellent surf awareness).
Does your child participate in any of these activities?	Body Boarding <input type="checkbox"/> Surfing <input type="checkbox"/> Body Surfing <input type="checkbox"/> Ocean Swimming <input type="checkbox"/>

**Child 2:**

Surname:	
Given Names:	
Date of Birth:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
How far can your child swim?	25m <input type="checkbox"/> 50m <input type="checkbox"/> 100m <input type="checkbox"/> 150m <input type="checkbox"/> 200+m <input type="checkbox"/>
Please rate your child's surf awareness: (eg Identifying a rip)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> (1 being little to no surf awareness, 5 being excellent surf awareness).
Does your child participate in any of these activities?	Body Boarding <input type="checkbox"/> Surfing <input type="checkbox"/> Body Surfing <input type="checkbox"/> Ocean Swimming <input type="checkbox"/>

**Child 3:**

Surname:	
Given Names:	
Date of Birth:	
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
How far can your child swim?	25m <input type="checkbox"/> 50m <input type="checkbox"/> 100m <input type="checkbox"/> 150m <input type="checkbox"/> 200+m <input type="checkbox"/>
Please rate your child's surf awareness: (eg Identifying a rip)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> (1 being little to no surf awareness, 5 being excellent surf awareness).
Does your child participate in any of these activities?	Body Boarding <input type="checkbox"/> Surfing <input type="checkbox"/> Body Surfing <input type="checkbox"/> Ocean Swimming <input type="checkbox"/>

**Parent Assistance:**

The support of parents is essential to the success of every Nippers season. Children love to see their parents involved in the running of Nippers, and we have a lot of fun in the process. Please indicate if you are able to assist with any of the following areas. Please note that you will receive full guidance and training to perform any role.

Assistance with BBQ	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age Assistant (Assists the Age Manager co-ordinate activities)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age Manager (Responsible for managing an Age Group each week)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Beach activity setup and pack up	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Water Safety (must have Bronze Medallion and be proficient for 2016-17)	Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/carer name .....
Enrol in Bronze Medallion Course (to act as Water Safety Personnel)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Parent/carer name .....

**Photography Consent:**

Occasionally photographs are taken of individual children or groups during Nippers for publicity use such as the Club website, Facebook page and newspaper articles. Please mark one of the following:

- Yes, I give permission
- Please ask whenever you intend to photograph my child
- No, never photograph my child

**Medical Information:**

All medical information about your child is held by the Age Manager only and is confidential.

1. Child's Name:	
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 1
Does your child have any medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 2
Does your child have any injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 3

2. Child's Name:	
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 1
Does your child have any medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 2
Does your child have any injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 3

3. Child's Name:	
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 1
Does your child have any medical conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 2
Does your child have any injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete Page 3 Section 3

- If you answered **yes** to any of the questions above please proceed to the next page
- If you answered **no to all** medical questions above, you only need to sign this form below.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*NOTE: ONLY COMPLETE BELOW IF YOU ANSWERED YES TO ANY QUESTIONS ON PREVIOUS PAGE\*\***

Child's Name: \_\_\_\_\_

**Section 1: Allergies**

These can include allergies to insect stings, drugs, latex, food (eg nuts, eggs, peanuts) or other.

If there is insufficient space, attach additional pages. For any additional allergies your child has, please answer each of the 7 questions on a separate page for each allergy and attach these additional pages.

1. What is your child allergic to?	
3. Is this a severe allergy (anaphylaxis)? Anaphylaxis is a severe, potentially life threatening allergic reaction.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does your child have an ASCIA Action Plan for Anaphylaxis or Allergic Reactions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. If yes, is this plan attached? Each time your child receives an updated ASCIA Action Plan it is important that a copy of the updated plan is provided to the Nippers President.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Has your child been prescribed an adrenaline autoinjector (ie EpiPen/Anapen)? If your child has been prescribed an adrenaline autoinjector, this will need to be present at all times during Nippers.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Please list any other medication prescribed for this allergy:	

**Section 2: Medical Conditions other than Allergies & Anaphylaxis**

For example asthma, severe asthma, diabetes, epilepsy.

If there is insufficient space, attach additional pages. For any additional medical conditions your child has, please answer each of the 6 questions on a separate page for each medical condition and attach these additional pages.

1. What is the medical condition?	
2. Has a doctor diagnosed this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does your child have a documented action plan from a doctor (eg asthma action plan)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. If yes, is this plan attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is your child taking prescribed medication for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If yes, what prescribed medication?	

**Section 3: Injuries**

If there is insufficient space, attach additional pages. For any additional injuries your child has, please answer each of the 2 questions on a separate page for each injury and attach these additional pages.

1. What injury does your child have?	
2. Has a doctor given clearance for involvement in Nippers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_