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|  | **ENFIELD AQUATIC CENTRE**  8 PORTLAND STREET  ENFIELD NSW 2136  TEL: 9747 4319  FAX: 9744 7374  WEBSITE: [www.burwood.nsw.gov.au](http://www.burwood.nsw.gov.au)  EMAIL: [eac@burwood.nsw.gov.au](mailto:eac@burwood.nsw.gov.au) |

# Header_Crest_Logo

# Adult pass/ membership APPLICATION

This information is required to enable staff to provide the most appropriate support available whilst the member is attending the Enfield Aquatic Centre.

**MEMBER INFORMATION** (*Please print clearly)*

First Name: ………………………………… Surname: …………………..…………………..…….

Male Female Date of Birth: …../…../……

Address: ………………………………………………... ……………………………………................……..….

Suburb: ……..…………………………………………...Postcode: ……………………………………….…..…

## Mobile No: ………………..…..………..………...….………………………………………………………

## Email: ……………………………………………………………………………………….………………..

*(To be used to send confirmation of bookings, term timetables, registration and pool information)*

## ***Medical Disclosure:*** *Aquatic programs may involve activities in both shallow and deep water. Does the child/student have any known illness, disability, impairment or otherwise which may impact, limit, influence or restrict participation? Please tick any that apply:*

AsthmaEpilepsyAllergiesADHDDiabetesHeart Condition

Speech DisorderHearing DisorderSight DisorderInjury *(details).…………………….…*

Details of any other disabilities: ………………………………………………..…………………..………..

Details of any other special needs requirements: ………………………………..…………….………….

**EMERGENCY CONTACT** - Mr / Mrs / Ms / Miss / Dr / Prof *(please circle)*

Surname: ……………………………….................... First Name: …………….……..…………………..…...

Relationship: ……………………………………….… Mobile No: ………………..…..………..………...….…

## **MEMBERSHIP TYPE** - Nominate the type of membership you wish to apply for:

|  |  |
| --- | --- |
| MULTI-VISIT SWIM PASS | □ 10 Visit □ 20 Visit □ 30 Visit |
| PERIOD PASS | □ Monthly □ Yearly |

*Continued over page*

**CONDITIONS OF USE**

1. Passes are not refundable or transferable.
2. Passes cannot be frozen or suspended.
3. All multi-visit passes are only valid for 12 months from the date of purchase.
4. All period passes are only valid for the period purchased from date of purchase.
5. Passes must be shown on entry at all times.
6. Passes are the full responsibility of the customer.
7. There is a small replacement card fee to replace a lost pass.
8. The Enfield Aquatic Centre reserves the right to cancel any membership and request the return of the associated pass(es) at its discretion.

**PRIVACY STATEMENT**

By submitting this application you may be providing Council with personal information (such as your name and address) within the meaning of the *Privacy and Personal Information Protection Act 1998.*

Council is collecting this personal information from you in order to identify and process your application.

If you do not provide the personal information requested, Council may be unable to process your application.

You are obliged by law to provide your name and address. You may make application for access or amendment to information held by Council.  You may also make a request that Council suppress your personal information from being made publicly available.  Council will consider any such application in accordance with the relevant legislation.

## Enquiries concerning this matter can be addressed to Council’s Public Officer.

**PLEASE READ & SIGN**

I understand and agree to the Conditions of Use stated above and give permission for Enfield Aquatic Centre to retain my information in its membership database for use in relation to centre operations.

Print Name: …………………………………………..

Signature: …………………………………………….. Date: …./…./……

## **OFFICE USE ONLY**

Member No:………………………………………

Pass Type: 10 Visit □ 20 Visit □ Monthly □ Yearly □

If more than one multi-visit pass is purchased indicate how many in total………..……………………….

## Booking Date: …./…./…… Booked By: …………………..………………………...

## Amount Paid: $……………………….……… Payment Type: Cash / Cheque / Credit Card