

## QPRC Aquatics – Membership Booking Form

<b>Personal Details</b>	
Family Name	
First Name	
Date of Birth	
Address	
Suburb	
State	
Postcode	
Phone Number	
Email Address	
List any relevant medical information	
<b>Membership Type</b>	
Length	10 Visit Pass / Three Months Membership / Six Months Membership / 12 Months Membership / Summer Pass – Eastern Pools Only
Type	Family (4 people, minimum 2 children) / Family (2 adults, unlimited children) / Adult / Child, Senior and Student / Concession
<b>Emergency Contact Details</b>	
Family Name	
First Name	
Phone Number	
Email Address	

- Additional Family Members (Family passes only)

<b>Child's Details</b>	
Child's Family Name	
Child's First Name	
Child's Date of Birth	
List any relevant medical information	
<b>Child's Details</b>	
Child's Family Name	
Child's First Name	
Child's Date of Birth	
List any relevant medical information	
<b>Child's Details</b>	
Child's Family Name	
Child's First Name	
Child's Date of Birth	
List any relevant medical information	

- Please re-print this page and complete for additional children