

# Registration Form.

## A Individual Delegates

Use one registration form per person (form may be photocopied). Complete both sides of this form and post or fax to ARV (see details on the back of this brochure).

Ticket Types	Member Number	Friday	Saturday	2 Days
ARV Member		\$200 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$360 <input type="checkbox"/>
Early Bird Member		\$190 <input type="checkbox"/>	\$190 <input type="checkbox"/>	\$340 <input type="checkbox"/>
Non Member		\$220 <input type="checkbox"/>	\$220 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Early Bird Non Member		\$210 <input type="checkbox"/>	\$210 <input type="checkbox"/>	\$380 <input type="checkbox"/>

Complete details in section **D + E** (individual registrations or payments will not be eligible for Group Discounts).

## B Group Delegates

If you have 5 or more employees from the one facility, you are eligible for a group discount (ARV Membership or Early Bird discounts do not apply). Use one registration form per group member (form may be photocopied).

Ticket Types	Friday	Saturday	2 Days
Group Discount (min. 5 people)	\$200pp	\$200pp	\$360pp
Number of Tickets Required			
Sub Total Cost	\$	+ \$	+ \$
<b>TOTAL COST</b>			<b>= \$</b>

Organisation \_\_\_\_\_ Nominated Group Leader \_\_\_\_\_

Each group member must fill out sections **C + D** and sign the Release and Acceptance Form. The nominated group leader must fill out sections **C, D + E** and sign the Release and Acceptance Form. All registration forms and payment must be received in one envelope and addressed to ARV (see details on the back of the form).

## C

### (Group Delegate Only)

Chosen Day(s) >  Friday  Saturday  Both

## D

First Name \_\_\_\_\_ Surname \_\_\_\_\_

ARV Membership Number >  No  Yes >

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode

Phone ( ) \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Organisation \_\_\_\_\_

What do you do?

Aquatic Education  Aqua Instructor  PT/Gym/Group Exercise Instructor  
 Lifeguard  School Teacher  Other (please specify) \_\_\_\_\_  
 CSO/Receptionist  Manager/Co-or/Duty Manager \_\_\_\_\_

Medical Details

Do you suffer from any medical conditions?  No  Yes > (please specify) \_\_\_\_\_

Special Dietary Requirements

Please specify \_\_\_\_\_

Contact in Case of Emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

# arv summit 2010

1-2 October 2010  
Melbourne Sports  
& Aquatic Centre  
Albert Park

bringing people together

Please Complete  
All Sections.



**NOTE :** All prices inc. GST. Enrolments received after 17 September 2010 will incur a late fee of \$40.00. All ticket prices are inclusive of morning tea, lunch and afternoon tea and beverages/finger food at the cocktail hour. In consideration of the environment we will not be providing session notes. Session notes will be available to ARV Summit delegates online.

## E Payment Details

Payment prior to the Summit is mandatory for attendance.

On completion, this form becomes a Tax Invoice. **ARV ABN: 82 051 944 564**. Please retain a copy of your completed registration form for tax purposes. Registration can only be accepted with completion of the registration form and full payment of appropriate fees.

\*Prices include 10% GST.

### By Credit Card

(Amex and Diners Club not accepted)

Please debit my  MasterCard  Visa

For \*AUD \$

Card Number

Expiry Date / /

Cardholder's Name

Cardholder's Signature

### By Cheque

I enclose a cheque for \*AUD \$

made payable to ARV

By EFT  for \*AUD \$

BSB 063011 Acc No. 10028679

**Account Name:** Aquatics and Recreation Victoria

**Reference:** Please enter individual delegate surname or nominated group leader and the letters 'AS'.

**Please forward remittance advice to [ischolefield@aquaticsandrecreation.org.au](mailto:ischolefield@aquaticsandrecreation.org.au) for EFT payment.**

## Terms and Conditions | Release and Acceptance

I DECLARE that the information included in this Registration Form is true and correct and I ACKNOWLEDGE OR AM AWARE OF and ACCEPT that:

- I recognise that the components of the Summit 2010 involve activities that may be carried out in both deep and shallow water, some of which are quite strenuous and require a reasonable level of fitness and swimming ability.
- I authorise Aquatics & Recreation Victoria personnel to obtain medical assistance that they deem necessary should any medical problem or accident occur, and I agree to pay all medical expenses incurred on my behalf and I further authorise qualified medical practitioners to administer an anaesthetic if necessary.
- I take full responsibility for any injury, illness, loss or damage to my person and/or property that may directly or indirectly result from my participation in the Summit. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the course or workshop and the servants, agents, representatives and officers of any of them and shall so operate whether or not the loss, injury or damage is attributed to the act of neglect of any or more of them.
- Aquatics & Recreation Victoria reserves the right to refuse to enrol any person into the Summit.
- I agree to disclose any disability, medical or other issue that may inhibit my ability to undertake the program as outlined/or I know of no reason medical or otherwise that would inhibit me from participating.
- I agree that notification of cancellation must be provided in writing to Aquatics & Recreation Victoria. Cancellations received on or before August 29, 2010 will receive a refund less 20% administration fee. Cancellations after August 29, 2010 will have an option to substitute a delegate as no refunds are available after this date.
- I understand that Aquatics & Recreation Victoria reserves the right to make changes to the program and speakers, or to cancel sessions if enrolment criteria are not met or when conditions are out of its control.
- I understand and agree that photographs may be taken and used for publicity and promotional purposes during ARV Summit. These photographs will remain the property of Aquatics & Recreation Victoria, and may be used by Aquatics & Recreation Victoria at no expense and at Aquatics & Recreation Victoria's discretion after ARV Summit 2010.

Signature

Date

### Privacy Statement

Yes, I give ARV Summit 2010 (Aquatics & Recreation Victoria) permission to share my contact details with companies related to the industry, such as trade show exhibitors and sponsors, so that I can receive up to date information and industry news.

No, I do not give ARV Summit 2010 (Aquatics & Recreation Victoria) permission to share my contact details.

If no response is provided it is understood that you are willing to share your contact information.

(office use only)

<input type="checkbox"/> MasterCard/Visa	Date Processed	/ /
<input type="checkbox"/> Cheque/Money Order	Date Processed	/ /
<input type="checkbox"/> Invoice	Invoice No.	

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& Aquatic Centre  
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Please Complete  
All Sections.

sponsors

presenting sponsor

 **CENTAMAN Systems**  
Simple solutions for complex problems



 **Kinect Australia**  
active living for healthier communities  
Incorporating VicFit in Victoria



**msac**

**arv** AQUATICS & RECREATION VICTORIA  
Working together for a better industry.

info@aquaticsandrecreation.org.au  
[www.aquaticsandrecreation.org.au](http://www.aquaticsandrecreation.org.au)

Registration Information  
Register by fax or mail to ►

**Aquatics & Recreation Victoria**  
Suite 9, Building 3, Unipark - Monash  
195 Wellington Road, Clayton VIC 3168  
t (03) 9271 3800  
f (03) 9545 0444