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## Swimming lesson enrolment form

summer 2011/12

| Family Information  |   |
|---|---|
| Swim students name  |   |
| Date of birth   |   |
| Parent/ Guardians name/s  |   |
| Address   |   |
| Mobile and home phone   |   |
| Email   |   |
| Emergency contact name and phone  |   |
| Medical History   |   |
| Relevant medical history or limitations eg: allergies (including bee stings), epilepsy, breathing problems.   |   |
| Swimming Ability <span style="float: right;">Please tick</span>   |   |
| Swim and Survive <i>WONDER</i>  | Under 3 years<br>Little water confidence, develop confidence and water awareness <input type="checkbox"/>   |
| Swim and Survive <i>COURAGE</i>   | 3 years plus<br>Little water confidence, develop confidence and independence in the water <input type="checkbox"/>  |
| Swim and Survive <i>COURAGE</i>   | 3-6 years learn to swim <input type="checkbox"/>  |
| Swim and Survive <i>ACTIVE</i>  | All ages<br>Water confident, develop breathing and swimming skills <input type="checkbox"/>   |
| Swim and Survive <i>ACTIVE</i>  | Goals to Freestyle 25metres and Backstroke 25 metres <input type="checkbox"/>   |
| Stroke Correction   | All strokes, or specify F/S, Fly, Back, Breaststroke <input type="checkbox"/>   |
| Preferred program <span style="float: right;">Please tick</span>  |   |
| 5 day Intensive program: 19 <sup>th</sup> – 23 <sup>rd</sup> December 2011  | 1 lesson per day, Monday – Friday \$125/ child <input type="checkbox"/>   |
| 5 day Intensive program: 16 <sup>th</sup> – 20 <sup>th</sup> January 2012   | 1 lesson per day, Monday – Friday \$125/ child <input type="checkbox"/>   |
| January 2012 Stroke enhancement sessions – 2 hours per session, \$25 per student/session, limit 4 students per session. Circle preferred session – availability limited   | Monday 23 <sup>rd</sup> : Freestyle 9:30-11:30am, 11:30-1:30 or 1:30-3:30pm<br>Tuesday 24 <sup>th</sup> : Breaststroke 9:30-11:30, 11:30-1:30 or 1:30-3:30pm<br>Wednesday 25 <sup>th</sup> : Backstroke 9:30-11:30, 11:30-1:30 or 1:30-3:30pm |
| 10 week Term 1 2012 program: 30 <sup>th</sup> Jan – 10 <sup>th</sup> April 2012   | 1 lesson per week for 10 weeks \$250/child <input type="checkbox"/>   |
| Preferred day and time, Term 1 or 4 program   | Wednesday, Thursday or Friday <input type="checkbox"/> Time: _____  |
| Payment information   |   |
| Full payment is required with your enrolment to secure your place in our program. Please circle payment option: Cash/ Cheque or Direct deposit BSB: 802126 Account Number: 11185 Account name: Splash Swim School   |   |
| As a parent/guardian of the above child, I give my consent for him/her to participate in Learn to Swim at SPLASH swim school and understand and accept the Terms and Conditions of the School. I, and on behalf of my child, acknowledge that both our property and person shall be at our own risk and will not hold liable and will indemnify the School, or its staff, for any accidents, personal injury, loss or damage, whether or not such injury, loss or damage is reasonably foreseeable, which may occur as a result of my/my child's attendance at the lessons held by the School, and which may arise from any action by or on behalf of the School, or its staff. I authorise SPLASH swim school to organise medical assistance as they deem necessary, should an accident occur. |   |
| NAME: _____   | SIGNED: _____ DATE: _____   |

