



Enrolment Form for Private Swimming Lessons

(Please tick appropriate box)

SWIMMER 1

Surname:		Name:		DOB:	AGE:
Previous stage achieved:	Water Ducks:		Whale Backs:		
WHALEBACKS <input type="checkbox"/>	WATER DUCKS <input type="checkbox"/>	WATER DUCKS <input type="checkbox"/>	WHALEBACKS <input type="checkbox"/>		

SWIMMER 2

Surname:		Name:		DOB:	AGE:
Previous stage achieved:	Water Ducks:		Whale Backs:		
WHALEBACKS <input type="checkbox"/>	WATER DUCKS <input type="checkbox"/>	WATER DUCKS <input type="checkbox"/>	WHALEBACKS <input type="checkbox"/>		

SWIMMER 3

Surname:		Name:		DOB:	AGE:
Previous stage achieved:	Water Ducks:		Whale Backs:		
WHALEBACKS <input type="checkbox"/>	WATER DUCKS <input type="checkbox"/>	WATER DUCKS <input type="checkbox"/>	WHALEBACKS <input type="checkbox"/>		

Agreed Day for Private Lesson: _____

Agreed Time for Private Lesson: _____

PRICE FOR PRIVATE LESSONS IS \$25 FOR EVERY 30 MINUTES REQUIRED

PRICE FOR 2 PRIVATE LESSONS AT THE SAME TIME \$45 FOR EVERY 30 MINUTES REQUIRED

Contact Details:

Name of Parents or Guardian: _____

Address: _____

Phone: _____ Mobile: _____

Alternative Contact: (relative/friend) _____

Name: _____ Phone: _____

Conditions of Enrolment:

1. All fees and charges shall be paid in full on enrolment for the program.
2. No refunds are issued for unattended sessions during the program.
3. Medical certificate must be presented, if requiring a refund on medical grounds.
4. Parent or Guardian must be present during lesson if child/children are under 10 year of age.
5. Cost of lessons which includes entry and one supervising adult: \$13:00 each class (6/8 max per class)

Parent Name: _____ Signature: _____ Date: _____

Medical Information:

Does your child / children have a medical conditions or allergies? Yes / No

If YES please supply details: _____

<u>MEDICAL TREATMENT AUTHORISATION</u>	<u>PHOTOGRAPHY</u>
<p>In the event of an emergency involving an accident or illness, I give permission for medical attention to be sought for my child/children. I also authorize the obtaining on my behalf, such medical assistance as my child/children may require and agree to meet any expenses attached thereto.</p> <p>Family Doctor: _____</p> <p>Newman Medical Centre: 9175 1231</p>	<p>If The Shire of East Pilbara would like to advertise photos taken at the Newman Aquatic Centre, this maybe in the form of photographs, newspaper articles program promotions. Please indicate below:-</p> <p><input type="checkbox"/> I consent to my child/children having photograph being used to promote Shire of East Pilbara programs and events.</p> <p><input type="checkbox"/> I DO NOT GIVE CONSENT FOR MY CHILD TO BE PHOTOGRAPH TO BE ADVERTISED</p> <p>Parents / Guardian approving photographs taken by the Shire of East Pilbara staff will be informed about the purpose of the advertising. A description and reason for the photo(s) taken will have to be completed below by staff.</p> <p><u>(Staff Use) Details and reason for photograph:</u></p>

DISCLAIMER

The information given in this statement is true and correct. Although I realize that every care will be taken, I agree that the Newman Aquatic Centre, its staff and leaders are free of all responsibility for any loss/damage in connection with My child/children's participation.

Parent / Gaurdian to sign:

Parent Name: _____ Signature: _____ Date: _____