



COURSE ENROLMENT FORM

COURSE DETAILS

1. **Course Name:** _____
2. **Course Dates:** _____

PERSONAL DETAILS

3. **Family Name:** _____
4. **Given Names:** _____
5. **Date of Birth:** _____
6. **Sex:** M F
7. **Residential Address:** _____ **Post Code:** _____
8. **Postal Address:** _____ **Post Code:** _____
9. **Phone: Home:** () _____ **Work:** () _____ **Mobile:** _____
10. **Email:** _____
11. **Emergency Contact Details: Name:** _____ **Phone:** _____

Conditions of Enrolment:

- All fees and charges shall be paid in full on enrolment for the course.
- No refunds are issued within 2 weeks of course commence date.
- Medical certificate must be presented, if requiring a refund on medical grounds.
- All refunds are subject to a 20% administration fee will apply.

Student Enrolment Declaration (Parent / Guardian to sign if under 16 years of age)

Name: _____ **Signature:** _____ **Date:** _____

DISCLAIMER: The information given in this statement is true and correct. Although I realise that every care will be taken, I agree that the Shire of East Pilbara, Newman Aquatic Centre, its staff and leaders are free of all responsibility for any loss/damage in connection with my course participation.

For more details contact Andrew at Newman Aquatic Centre on 9175 2145

Office use only

Paid? YES / NO **Date:** _____ **Amount paid \$** _____ **Staff Signature** _____

Fees paid by: Cash Cheque EFT PO #.....

- | | |
|---|---|
| <input type="checkbox"/> Full Pool Lifeguard | <input type="checkbox"/> Pool Lifeguard Requalification |
| <input type="checkbox"/> Resuscitation | <input type="checkbox"/> Bronze Medallion |
| <input type="checkbox"/> Bronze Medallion Requalification | <input type="checkbox"/> Resuscitation Requalification <input type="checkbox"/> Swim Instructor |