

City of Armadale
LEARN TO SWIM
Application For Swimming Lessons

Date: _____ Time: _____ Staff Initial: _____ Previous Participant? _____

<p>Child's Full Name: _____</p> <p>Parent / Guardian's Name: _____</p> <p>Age: _____ D.O.B: _____ Stage: _____</p>
<p>Postal Address: _____</p> <p>_____</p> <p>Telephone Home: _____ Work: _____</p> <p>Mobile: _____ Other: _____</p>
<p style="text-align: center;">Does your child suffer from any of the following medical conditions?</p> <p style="text-align: center;">Epilepsy, heart condition, periodic loss of consciousness, diabetes, respiratory disorder (asthma etc), ear disorder, allergies etc.</p> <p>If so, please give details: _____</p> <p>_____</p> <p>_____</p>
<p><u>Emergency Contact Details:</u></p> <p>1. Name: _____ Telephone: _____</p> <p>2. Name: _____ Telephone: _____</p>
<p style="text-align: center;">Cost includes pool entry for child and one supervising adult</p>
<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PLEASE READ AND SIGN DECLARATION

1. I consent for my child to participate in the City of Armadale's Learn to Swim Programme.
2. I agree to abide by the Centre's supervision requirements that children under the age of 11 years old must be accompanied by an adult 17 years or over into the centre and supervised by maintaining visual contact with the child at all times and children under the age of 6 years must be supervised from within arms reach. If they are in the pool their parent/guardian must also be with the child at all times.
3. I agree to provide my child with the appropriate sun smart requirements, including sunscreen, hat and appropriate clothing.
4. I understand that the fee payable includes lesson cost, pool entry for the student and one supervising adult, any additional spectators or swimmers are subject to normal entry fees.
5. In the event of my child suffering any injury or illness whatsoever, I hereby authorise and request the City, its officers and assistants to arrange for all and any necessary medical or hospital treatment which is in their opinion necessary PROVIDED THAT they shall make an effort to contact me as soon as is reasonably practical after the occurrence of the injury or illness.
6. I undertake to meet all costs of any medical or hospital treatment provided to my child.
7. I hereby INDEMNIFY the City, its officers and assistants for all and any liability for injury, loss or damage sustained to the person or property of my child whilst at the Learn to Swim Programme.

Parent / Guardian Signature: _____

Date : _____

Office Use Only

Series _____

Day(s) of lesson(s) _____

Time(s) of lesson(s) _____

Total Fees Paid _____ Date Paid _____

Staff Member _____

STAFF TO INITIAL RECEIPT AND STAPLE TO FORM!!