

Learn to Swim

Swimming Lesson Application



Enrolment Date: _____	Student No: _____	Previous Applicant: Y / N Requires new card: Y / N
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Student details

First Name _____	Surname _____	
D.O.B: _____	Gender: _____	Swimming stage: _____

Contact Details

Home Phone: _____	Work Phone: _____	Mobile: _____
Email Address: _____		
Address: _____		
_____	Suburb: _____	Postcode: _____

Emergency Contacts

Primary Contact Name: _____	
Phone 1: _____	Phone 2: _____
Relationship to Student: _____	
Secondary Contact Name: _____	
Phone 1: _____	Phone 2: _____
Relationship to Student: _____	

Medical Information

Does your child suffer from any of the following medical conditions?	
<input type="checkbox"/> A D H D	
<input type="checkbox"/> Allergies	If so, please give details _____
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Bee Allergy	_____
<input type="checkbox"/> Dyspraxia	_____
<input type="checkbox"/> Ear Infections	_____
<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Other	

Comments: _____

PLEASE READ AND SIGN REVERSE SIDE

PLEASE READ AND SIGN DECLARATION

- 1 I consent for my child to participate in the City of Armadale's Learn to Swim Program

- 2 I agree to abide by the Centre's supervision requirements as follows The Watch Around Water program supported by the Armadale Aquatic Centre requires that all 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 Children under the age of six years must be supervised from within arms reach when outside of lesson times 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 safety 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, where the City is not negligent, 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 Program

Parent/Guardian Signature: _____

Date: _____

Office Use Only

Series: _____

Day (s) of lesson (s): _____

Time of lesson (s): _____

Total fees paid: _____ Date Paid: _____

Card Created: _____ Details entered: _____

Staff member: _____

STAFF TO INITIAL RECEIPT AND STAPLE TO BACK OF FORM