



SWIM SCHOOL

ENROLMENT FORM

TERM 1, 2018

Parent/Guardian Details

Surname: _____ First Name: _____

Address: _____

Telephone: (Hm): _____ (Wk): _____ (Mob): _____

Email: _____

Participant/Student Details

Surname: _____ First Name: _____

Date of Birth: _____ Age in years/months: _____

Gender: (please circle) M / F Going for Stage: _____

Emergency Contact Details

Name: _____ Phone: _____

Please tick the following medical conditions:

<input checked="" type="checkbox"/>	Condition	Further Information	<input checked="" type="checkbox"/>	Condition	Further Information
<input type="checkbox"/>	ADD/ADHD		<input type="checkbox"/>	Eczema	
<input type="checkbox"/>	Asthma		<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Allergies		<input type="checkbox"/>	Grommets	
<input type="checkbox"/>	Autism		<input type="checkbox"/>	Hearing Impaired	
<input type="checkbox"/>	Cerebral palsy		<input type="checkbox"/>	Intellectual	
<input type="checkbox"/>	Diabetes		<input type="checkbox"/>	Spinal Bifida	
<input type="checkbox"/>	Down Syndrome		<input type="checkbox"/>	Vision Impairment	

Special Consideration: _____

INDEMNITY

I understand that all possible care will be taken to supervise my child, and whilst all due care will be exercised by the staff, the City of Karratha will not incur any responsibility or liability whatsoever for any accident, sickness or death to his/her person, and if, at any time, my child requires hospital or medical treatment, I hereby consent to obtaining the same at my expense.

Term fees include pool entry for student and up to 2 adult spectators only. Adults wishing to swim separately from the lessons are required to pay normal entry fees.

Payment must be made in full at time of enrolment

Please turn over and sign the back

No 'make up' classes are available for missed lessons.

Refunds are only available when medical reasons dictate that the child cannot complete the rest of the term. Medical certificate must be supplied. Refunds are not available for missed weeks within the term period.

Class identification entry card, must be shown on arrival at reception each day.

Parent/Guardian signature: _____

For further information, please contact

Karratha Leisureplex personnel on 9186 8556

Leisureplex@karratha.wa.gov.au

www.karrathaleisureplex.com.au