



# SWIM SCHOOL

## ENROLMENT FORM

TERM 4, 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.

We ask that you collect your child promptly after each lessons, so teachers can continue with their program for other students and classes.

Please find below our "Watch around Water" policy

- Children under 10 years must be accompanied into the centre and **constantly** supervised by a parent/guardian while at the centre.  
The parent/guardian **must** have a clear view of the child **at all times**.
- Children under 5 years must be **constantly** supervised from **within arm's reach** while in the centre. If the child is in the water, the parent/guardian must be in the water too.
- **Unsupervised children (of any age) will be removed from the water if the lifeguard is concerned for their safety.**

Children must be dismissed by Swimming teachers to parent/guardian.

Parent/Guardian signature: \_\_\_\_\_

For further information, please contact

Karratha Leisureplex personnel on 9186 8556

[Leisureplex@karratha.wa.gov.au](mailto:Leisureplex@karratha.wa.gov.au)

[www.karrathaleisureplex.com.au](http://www.karrathaleisureplex.com.au)