



# Learn to Swim INTENSIVES

## ENROLMENT FORM



Phone: 4256 0752 Address: Hope Street, Oak Flats, NSW 2529  
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### Child Details

SURNAME	GIVEN NAME	D.O.B	AGE	GENDER
				M / F

### Parent / Carer Details

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

**5 day intensive programs** **WEEK 1 | Mon 8/01/2024 - Fri 12/01/2024**  
**JANUARY** **WEEK 2 | Mon 15/01/2024 - Fri 19/01/2024**

**Pool location** ☐ OAK FLATS ☐ ALBION PARK ☐ WARILLA

### Class type

☐ Learn to Swim (9am - 12pm) Beginner / Intermediate (please circle) ☐ Squad (7am - 8am)  
Preferred time \_\_\_\_\_ ☐ Mini squad (8am - 9am)

### Medical Information

Does the child have any medical or physical conditions that the instructor needs to be aware of?

☐ ASTHMA ☐ EPILEPSY ☐ DIABETES ☐ AUTISM  
☐ HEARING ☐ VISION ☐ ALLERGIES ☐ ADDITIONAL NEEDS

Please detail any special needs or behaviours below that the instructor may need to pay attention to.

### Class Payments

- Payment is required on confirmation of class and prior to the start of lessons.
- Active Kids vouchers are accepted however these MUST be presented at time of payment.
- If you have any problems with meeting payments, please speak to the Aquatics Program coordinator.

### Consent

- ☐ I give consent for my child to attend Shellharbour City Swim School. I understand make-up lessons will only be given when a child is sick and a medical certificate is provided.
- ☐ I authorise Shellharbour City Council Pool staff to administer First-Aid and organise medical or hospital treatment as they see necessary.
- ☐ I give permission for photos of my child to be used in promotional material including on Council's website and social media.

### Parent / Carer's

Name: \_\_\_\_\_

Date: / /

Signature: \_\_\_\_\_