



LEARN TO SWIM

INTENSIVES ENROLMENT FORM

5 Day Intensive Program Dates

Week 1	Mon 5/1/26- Fri 9/1/26
Week 2	Mon 12/1/26- Fri 17/1/26
Week 3	Mon 19/1/26- Fri 23/1/26

Phone: 4221 6296

Address: Oak Flats Pool Hope Street, Oak Flats, NSW 2529

Email: swim@shellharbour.nsw.gov.au

Website: shellharbour.nsw.gov.au

Child Details

Surname		Given Name	
D.O.B		Age	Gender

Class Type

Learn to Swim (3-5 years)	Learn to Swim (5+ years)	Mini Squad
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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 Swimming Development Coordinator

Medical Information

Asthma	Epilepsy	Diabetes	Austism
Hearing	Vision	Allergies	Additional Needs

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



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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		Signature		Date
Address				
Phone Number				
Email				
Emergency Contact Name				
Emergency Contact Number				