



Squads

ENROLMENT FORM



Phone: 4256 0752 Address: Hope Street, Oak Flats, NSW 2529
Email: learntoswim@shellharbour.nsw.gov.au Web: www.shellharbour.nsw.gov.au

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: _____

Swimming Ability

- ☐ Freestyle _____ m ☐ Breaststroke _____ m ☐ Backstroke _____ m ☐ Butterfly _____ m

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 Term lessons.
- Active Kids vouchers are accepted however these MUST be presented at time of payment.
- If payment has not been received by Week 2, your child will not be permitted to attend class until payment is received.
- If you have any problems with meeting payments, please speak to the Learn to Swim coordinator.

Class Bookings

- Your class booking will be rolled over each term which secures your spot.
Please notify the Learn to Swim coordinator if you wish to cancel or change.

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: _____