



Shellharbour City Council Intensive Program Enrolment Form

JAN 2020

INTENSIVE PROGRAM FORM ONLY

SWIMMER'S DETAILS

Name: _____ Surname: _____ Gender: M / F

DOB: _____ Age: _____

Medical Condition: _____

PARENT/CARER DETAILS

Name: _____ Surname: _____

Mobile: _____ Home: _____

Email: _____

Postal Address: _____

Emergency Contact Name and Number: _____

LOCATION

Oak Flats Pool Albion Park Pool Warilla Pool

5 DAY PROGRAM

Mon 06/01 - Fri 10/01 Mon 13/01 - Fri 17/01 Mon 20/01 - Fri 24/01

Preferred Time: _____ **Classes start from 9am each day**

LEVEL/GRADE Level: _____ Grade: _____

If Grade/Level not known please continue below

Type of class:

Mums and Bubs Learn to Swim Private

Childs swimming ability:

Beginner Can just blow bubbles Can do three arms & breath to side
 Can swim 15m Can swim 25m Can swim 50m

I give my 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 (Oak Flats Pool) staff to administer First-Aid and organise medical or Hospital treatment as they see necessary.

Parent/Carer Name: _____

Signature: _____ Date: _____

I give my permission for Learn to Swim to use photos of my child in promotional material including councils website and councils Facebook page.