

# GET JETTY READY

## SQUAD PROGRAM

### 2025

|                  |  |
|------------------|--|
| STAFF<br>INITIAL |  |
|------------------|--|

Monday 6<sup>th</sup> Jan  
 Wednesday 8<sup>th</sup> Jan  
 Friday 8<sup>th</sup> Jan  
 Monday 13<sup>th</sup> Jan  
 Wednesday 15<sup>th</sup> Jan  
 Friday 17<sup>th</sup> Jan  
 9.05am – 9.45am

**STAGE 7 & ABOVE**

This program is delivered in our **outdoor** pool.

Please bring a water bottle and fins to every session.

| STUDENT FIRST NAME | SURNAME | MALE / FEMALE | CURRENT SWIM STAGE | DATE OF BIRTH | STAFF USE ONLY DAY/TIME/STAGE |
|--------------------|---------|---------------|--------------------|---------------|-------------------------------|
| 1.                 |         |               |                    |               |                               |
| 2.                 |         |               |                    |               |                               |
| 3.                 |         |               |                    |               |                               |
| 4.                 |         |               |                    |               |                               |

**CONTACT DETAILS:** (PLEASE PROVIDE EMAIL ADDRESS TO ENABLE CONFIRMATION OF BOOKING)

Parent/Guardian's Name: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

(Optional) Other Parent/Guardian Contact Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student/s: \_\_\_\_\_

**CONFIRMATION WILL BE FORWARDED VIA EMAIL PRIOR TO COMMENCEMENT**

MEDICAL CONDITIONS: Please specify any existing medical conditions or disabilities

|                 |                     |
|-----------------|---------------------|
| STUDENT'S NAME: | MEDICAL CONDITIONS: |
| STUDENT'S NAME: | MEDICAL CONDITIONS: |
| STUDENT'S NAME: | MEDICAL CONDITIONS: |
| STUDENT'S NAME: | MEDICAL CONDITIONS: |

