

LEARN TO SWIM NEW ENROLMENT FORM

Term 3 - Monday 15th July to Friday 20 September 2024

NEW ENROLMENTS OPEN MONDAY 8TH JULY, 2024 @ 8.30 am

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

CONTACT DETAILS: (PLEASE PROVIDE EMAIL ADDRESS TO ENABLE BOOKING CONFIRMATION TO BE SENT)

Parent/Guardian's Name:

Email:

Mobile:

Home:

Work:

(Optional) Other Parent/Guardian Contact Name:

Contact:

Emergency Contact Person:

Phone:

Relationship to Student/s:

LESSON PREFERENCE SELECTION:

Please indicate below which day & time in preference order (Minimum 2 preferences per student)

| ORDER OF PREFERENCE | STUDENT 1 | | STUDENT 2 | | STUDENT 3 | | STUDENT 4 | |
|------------------------|-----------|------|-----------|------|-----------|------|-----------|------|
| | DAY | TIME | DAY | TIME | DAY | TIME | DAY | TIME |
| 1ST | | | | | | | | |
| 2ND | | | | | | | | |
| 3RD | | | | | | | | |

MEDICAL CONDITIONS: Please specify any existing medical conditions or disabilities

| | | | |
|-----------------|--|---------------------|--|
| STUDENT'S NAME: | | MEDICAL CONDITIONS: | |
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IMPORTANT INFORMATION—TERMS AND CONDITIONS

| | | |
|---------------------------------------|--|-------------------------|
| FEES | <p><i>Fees must be paid in full at enrolment time. Enrolment forms will not be accepted without provision for payment either in person or by credit card details.</i></p> | INITIAL _____ |
| LESSON CANCELLATIONS | <p>Unfortunately some lessons are cancelled due to circumstances beyond the control of the centre. In such cases, you will be issued with a credit to the value of the cancelled lesson/s.</p> <p><i>This credit must be redeemed for swim school enrolments within the same calendar year of issue.</i></p> | INITIAL _____ |
| | <p>Make-Up Lessons: We do not offer make-up lessons. This is to minimize disruptions to classes.</p> <p>Absence from lessons: If your child is ill and consequently misses a lesson, we regrettably do not offer credits of any kind unless they are absent for consecutive weeks and you provide a doctor's certificate.</p> <p>The Credit Register: This is ONLY for children who have to withdraw from lessons due to medical reasons. It is not used for children who no longer wish to participate in the swimming program.</p> <p>Refunds: Requests for refunds must be made in writing and will only apply where you or your children withdraw from the program for the remainder of the term. Refunds are only provided for medical reasons (medical certificate must be provided) or relocation (proof of relocation required). All refunds will incur a \$25.00 cancellation fee.</p> | INITIAL _____ |
| | <p>All children under the age of 4 years are required to wear a swimming nappy at all times whilst using our aquatic facility. This is in accordance with the GLC Policy, and is in place to prevent accidents happening, which require us by Law to close the pool for up to 8 hours.</p> | INITIAL _____ |
| SUPERVISION | <p>Children under 5 must wear a WATCH AROUND WATER band and must be accompanied into the water with a swimming adult at all times within arms reach. Children under 5 must not be left unaccompanied on pool deck at anytime. Crèche is available to LTS parents for a small additional cost.</p> <p>PARENTS OF CHILDREN UNDER 12 MUST REMAIN ON POOL DECK DURING LESSON TIMES.</p> | INITIAL _____ |
| USE OF PHOTOGRAPHY | <p>By the Centre</p> <p>The Geographe Leisure Centre reserves the right to take and use photographic material for promotional purposes both internally and externally. If you do not agree with the use of photographic material of your child/children, please indicate below.</p> <p>By Patrons</p> <p>In accordance with the Geographe Leisure Centre Policy, patrons under no circumstances are permitted to use photography in the vicinity of our aquatics facility, unless prior consent is sought from management.</p> | INITIAL _____ |
| CHANGE STAGES WITH IN THE TERM | <p>If your child passes a stage within the Education Dept swimming program during the term, there are no guarantees a change of stage class will be available. We will do our best to accommodate, but this is not always possible.</p> | INITIAL _____ |
| SWIM STAGES | <p>If your child has passed stages in another centre, or another State, etc, an assessment by the Centre Assistant may need to be carried out to ensure they are put into the appropriate stage for our program.</p> | INITIAL _____ |
| RISK WAIVER & DECLARATION | <p>I agree to my child's participation in the GLC Learn to Swim Program. In the case of an emergency, I authorise staff, where it is impractical to communicate with me, to arrange for my child to receive such medical or first aid treatment as may be deemed necessary. I also undertake to pay or reimburse costs, which may be incurred for medical attention or ambulance transport while my child is enrolled in the Swim School Program. I understand that although the GLC and its service providers attempt to minimize any risk of injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury.</p> | INITIAL _____ |
| | <p>I have read and agree to the Geographe Leisure Centre's Learn to Swim Terms and Conditions, and the Risk Waiver.</p> | |
| | <p>Do you give permission for your child/ren to be photographed by us for promotional purposes. (Tick if Yes)</p> | |
| | <p>I do not wish to receive promotional material regarding news, events, special promotions and information pertaining to the Geographe Leisure Centre.</p> | |
| HOW DID YOU HEAR ABOUT US | | |

Signature : _____ **Date :** _____

TERM 3 FEES: 10 WEEK TERM = \$170.00

| | | |
|-------------------|-----------------------|---|
| FEE APPLICABLE \$ | LESS CREDIT AMOUNT \$ | AMOUNT TOTAL \$ |
| VISA | MASTERCARD | CHEQUE/MONEY ORDER (PAYABLE TO CITY OF BUSSELTON) |

CARD HOLDERS NAME _____

CARD NUMBER _____ EXPIRY _____

SIGNATURE _____