

Swim School Enrolment Form



The following information is confidential. Please ensure that you notify us of any changes of address or phone numbers.

CHILD/RENS DETAILS:

| Surname | Given Name | Date of birth | Age | Male Female |
|---------|------------|---------------|-----|----------------|
| | | | | |
| | | | | |
| | | | | |

Those enrolling for first time will need to complete full form. If re-enrolling, please complete here and sign Reverse side of form.
(Any changes to contact details can be entered below)

PARENT/GUARDIAN

Full Name: _____

Postal Address: _____ Post Code: _____

Phone: (work) _____ (home) _____ (mobile) _____

Email Address: _____

Emergency Contact Details: _____ Phone: _____

MEDICAL INFORMATION

Are there any medical or physical conditions from which your child suffers that need to be brought to the attention of the Instructor? Does your child have any special needs? Do we need to pay attention to any particular need or behaviour?

| | | | | | | | | | | | | | |
|--------|--|----------|--|--------|--|---------|--|-----------|--|----------|--|------------------|--|
| Asthma | | Epilepsy | | Vision | | Hearing | | Allergies | | Diabetes | | Additional Needs | |
|--------|--|----------|--|--------|--|---------|--|-----------|--|----------|--|------------------|--|

Any management procedure to be attached, please give details: _____

SWIMMING ABILITY _____ Please write swimming level of child as accurately as possible:

Children Under 5

| | | | | | | | | | |
|---------------|--|--------------------|--|-------------------|--|-------|--|------------------------|--------------|
| No Experience | | Confident in water | | Put face in water | | Float | | Can move through water | _____ metres |
|---------------|--|--------------------|--|-------------------|--|-------|--|------------------------|--------------|

PREFERENCES - Please number 1 – 4 (We will endeavour to place you in your 1st preference)

| | | | | |
|---------------------|-------------------------|-----------------------|----------------------|------------------------|
| Tuesday 09.00-11.30 | Wednesday 09.30-12.30pm | Thursday 09.30 -11.30 | Friday 10.00-12.30pm | Saturday 08.15 – 12.15 |
|---------------------|-------------------------|-----------------------|----------------------|------------------------|

Children Over 5

| | | | | |
|---------------|--|----------------------------|--|-------------------------|
| No Experience | | Confident in shallow water | | Confident in deep water |
|---------------|--|----------------------------|--|-------------------------|

| | | | | | |
|-----------|--------------|------------|--------------|-----------------------|--------------|
| Freestyle | _____ metres | Backstroke | _____ metres | Survival Breaststroke | _____ metres |
|-----------|--------------|------------|--------------|-----------------------|--------------|

PREFERENCES - Please number 1 – 4 (We will endeavour to place you in your 1st preference)

| | | | | |
|--------------------|---------------------|-----------------------|----------------------|----------------------|
| Monday 15.30-18.30 | Tuesday 15.30-18.00 | Wednesday 15.30-18.30 | Thursday 15.30-18.00 | Saturday 08.15-12.15 |
|--------------------|---------------------|-----------------------|----------------------|----------------------|

Terms and Conditions of Use

To ensure that every participant receives the maximum benefit from the programs and services at the Centre, please take the time to read through the following Learn to Swim Terms & Conditions, relevant to the Belgravia Swimming and Water Safety (SAWS) program held at the Barossa Aquatic Fitness Centre.

Direct Debit SAWS membership includes

- 48 Weeks of Swimming and Water Safety lessons
- A five-day intensive program during Summer holidays
- Four weeks of free family swimming over Summer
- Free swimming for your child throughout the year

General Conditions

All participants must abide by general terms and conditions of The Barossa Aquatic Fitness Centre. Management reserves the right to refuse entry, suspend or cancel a membership without refund, or request any person to leave the premises if that person does not behave in a responsible manner, uses abusive language, is under the influence of drugs and/or alcohol or does not adhere to the general conditions of entry. Every effort will be made to adhere to the timetable but Belgravia Leisure reserves the right to change and alter classes as necessary.

Payment of Fees

Direct Debit members must sign and complete a contract before commencing lessons. SAWS Memberships may be cancelled once the minimum 4 week installment is completed. A \$20.00 once off set up administration fee is payable for each new contract. There is a 7-day cooling off period from the time of enrolment.

Missed Lessons

Our Swimming program no longer offers make up lessons. In the event of a missed lesson due to illness a Medical Certificate will need to be supplied and you will be given payment break/ or a Family Swim pass for you to enter the pool free of charge on your next non-lesson visit.

Each student is allowed **6 notified absences (lessons/weeks) per calendar year**. We will apply a Payment Break for these missed lessons; this may incur a \$5.00 suspension fee. Make up lessons will not be offered.

Any other requests are at the discretion of the Swim School Coordinator.

Cancellations

Thirty (30) days' notice is required to cancel all direct debit memberships. Notice of cancellation must be submitted in writing preferably via email to barossaswimschool@belgravialeisure.com.au

Multiple Child Discounts

If a family has more than 2 children participating in swim lessons at any one time a discount applies to the fees of the 3rd/4th plus children.

SAWS members are to understand that the facilities are available to the general public and not exclusively to the members. (Children 5 and under must have an accompanying guardian in the water while swimming outside of their lesson time.)

Reception and Access

All SAWS members must present their membership card at reception every time they attend the Centre. If the participant misplaces their card, it is advised that the Centre be notified immediately. A replacement fee of \$5.00 will be charged for the replacement card. SAWS members are to advise of any changes in address or phone numbers. SAWS direct debit members have access to 1 booked weekly lesson and free entry to the pool 7 days a week. SAWS members are to understand that the facilities are available to the general public and not exclusively to the members. (Children 5 and under must have an accompanying guardian in the water while swimming outside of their lesson time.)

Assessments

Assessments are ongoing as children develop at their own pace. Please speak with the Swim School Coordinator at the time of the lesson regarding any queries or feedback required.

Supervision

Parents are not permitted to leave children under the age of 12 unaccompanied at any time while they are in the Centre, including during a Learn to Swim class. Children must be accompanied by a guardian 16 years or over at all times.

Health Issues

Appropriate clean and suitable swimming attire is required for entry to the pool. Students are required to shower prior to entering the pool. We request that children who are not yet toilet trained wear bathers with elastic waist and leg bands and a tight fit aqua nappy. Disposable or cloth nappies are not permitted.

School Holidays

We remind you that our swimming lessons continue over School holidays. Summer holiday lessons and payments may be suspended over this time; we require two weeks' notice in writing to process your request or via email:

barossaswimschool@belgravialeisure.com.au

Change of Lessons

Every effort will be made to accommodate your request to change your lesson day/time. However, should your request be unable to be met, that child will be placed on a waiting list.

Requests must be in writing and we require two weeks' notice to process.

I _____

Have read and understand all terms and conditions regarding the Barossa Aquatic Fitness Centre Swim School Program

Sign _____

Date _____