



ENROLMENT FORM 2021 – 2022



- Program 1 - 20th November to 19th December 2021 Saturday OR Sunday
 Program 2 - 29th January to 6th March 2022 Saturday OR Sunday
Holiday Programs 2022
 Week 1 Mon-Fri (10-14 Jan) Week 2 Mon-Fri (17-21 Jan)

PARENT / GUARDIAN DETAILS

| | | | |
|-------------------------------|--|------------|----------------|
| Mr Mrs Dr Ms Miss | | Member No. | CONTACT |
| ADDRESS | | | (h) |
| EMAIL | | | (w) |
| | | | (m) |

STUDENT DETAILS CLASS

| Program Fee | NAME | D.O.B | Member No. | Medical Conditions (if applicable) | LEVEL | TIME |
|-------------|------|-------|------------|------------------------------------|-------|------|
| \$ | | / / | | | | |
| \$ | | / / | | | | |
| \$ | | / / | | | | |
| \$ | | / / | | | | |

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|----|-------------------|--------------------------|
| \$ | TOTAL FEES | Receipt Number: # |
|----|-------------------|--------------------------|

TERMS AND CONDITIONS

- 1 Upfront Term Payments** - To confirm your position in the program an enrolment form must be completed and full payment made.
- 2 Learn to Swim Cards** - A Learn to Swim membership card will be issued to every student enrolled. Cards must be presented to reception staff upon entry.
- 3 Public Holidays** - Learn to Swim classes are not held on public holidays.
- 4 Swimming attire** - Suitable bathing attire must be worn at all times and sun protection is strongly recommended.
- 5 Missed lessons** - The Manuka Swimming Pool - First Splashes Swim School does not offer make-up lessons.
- 6 Refunds** - Requests for refunds will only be considered if accompanied by a Doctors Certificate. Any request for refund will be subject to an administration fee.
- 7 Emergency Procedures** - I have received a copy of the centres emergency procedures and agree to follow directions of staff in the unlikely event of the centre being evacuated.
- 8 Personal Information** - Information contained on this form is collected on behalf of the ACT government, may be used by the government for the purposes of operations of this facility and may be provided to any subsequent Manager of the facility

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|---|--------------------------------|-----|
| I hereby agree to accept all of the terms and conditions outlined above | Signature of Parent / Guardian | / / |
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Office use: