SWIM SCHOOL ENROLMENT FORM 2026-27

Program 1 Nov - Dec
- ☐ Saturday - 14/11 to 12/12
- ☐ Sunday - 15/11 to 13/12
- ☐ Tuesday - 17/11 to 15/12
- ☐ Thursday - 16/11 to 17/12

Program 2 Jan - Mar
- ☐ Saturday - 30/1 to 27/2
- ☐ Sunday - 31/1 to 28/2
- ☐ Tuesday - 2/2 to 2/3
- ☐ Thursday - 4/2 to 4/3

Adults Program 1 Nov - Dec
- ☐ Sunday - 15/11 to 13/12
- ☐ Tuesday - 17/11 to 15/12

Adults Program 2 Jan-Mar
- ☐ Sunday 31/1 to 28/2
- ☐ Tuesday - 2/2 to 2/3

Holiday Programs
- ☐ **Week 1 Mon-Fri** (4- 8 Jan)
- ☐ **Week 2 Mon-Fri** (11 - 15 Jan)
- ☐ **Week 3 Mon-Thu** (18 - 22 Jan)

PARENT / GUARDIAN DETAILS

Mr Mrs Dr Ms Miss		Member No.
ADDRESS		
EMAIL		

CONTACT
(h)
(w)
(m)

STUDENT DETAILS

CLASS

Program Fee	NAME	D.O.B	Member No.	Medical Conditions (if applicable)	OFFICE USE TIME
$		/ /			
$		/ /			
$		/ /			
$		/ /			

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 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

I hereby agree to accept all of the terms and conditions outlined above	Signature of Parent / Guardian / /

Preferences if we can accommodate: (Time, Instructor, Other)

Office use: