



Sporting Schools Swim Program

Enrolment Form

Parent Details:

Name: _____

Address: _____ Postcode: _____

Mobile: _____ Home: _____ Work: _____

Email: _____

Alternate Contact: _____ Phone Number: _____

Child/ren Details

1st Child's Given Name: _____ Surname: _____

DOB: _____ Age: _____ Swimming Level (if known): _____

Swimming Abilities: _____

Medical Conditions: _____

2nd Child's Given Name: _____ Surname: _____

DOB: _____ Age: _____ Swimming Level (if known): _____

Swimming Abilities: _____

Medical Conditions: _____

3rd Child's Given Name: _____ Surname: _____

DOB: _____ Age: _____ Swimming Level (if known): _____

Swimming Abilities: _____

Medical Conditions: _____

Payment Details:

Have you read and returned the Lavers Hill Heated Swimming Pool User Guide? (Y/N)

Have you paid your pool membership? (Y/N)

Payments for swimming lessons can be made by direct deposit or by cash or cheque to the College office.

Account Name: P-12 College Pool

BSB: 063-510

Account Number: 10073347

Agreement:

I _____ have read and understood all the terms and conditions regarding the Lavers Hill Sporting Schools Swim Program.

Sign: _____ Date: _____