



Cools Swim School Enrolment Form

Student's Details

	Students name	Sex	Date of Birth	Please list any health issues that may affect your child's participation in lessons.

Parent/guardian details

Full name of parent guardian:		
Postal address:		
Contact Number (H):	(M)	(W)
Sex M/F:	EMAIL:	

Emergency Contact Details

Full Name:		
Relationship to 1 Child:	2 carer	
Contact number (H):	(M)	(W)

Parent/carer details (for parent/carer and child classes)

Parent/carer name	Sex	Please list any health issues that may affect your participation in lessons.

Terms and Conditions

1. Medical release and declaration

I authorise the teachers to obtain medical assistance of which they deem necessary should an accident occur and agree to pay full medical expenses incurred on behalf of the above student and carer. I submit the attached medical information about my child and include other relevant information and details of limitations of which he/she has for the activity concerned. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

2. Swimming Lessons

We do not offer casual lessons. Lessons are in blocks of 5 weeks or 10 weeks. There is only one make up lesson per 10 week block. There is no make up lessons in the 5 week block Make up lessons are only applicable if the swim school is notified by calling at least two (2) hours in advance. Payments must be made prior to the first lesson to complete the booking. If you do not advise two (2) hours in advance the lesson will be forfeited and no make up is eligible. No refunds are available and lessons are **not** transferable to other families/family members or to **any future swimming block/s**.

3. Privacy policy

I understand that the information I have provided is collected and held in accordance with the provisions of the privacy act. I understand that the information I have provided is necessary for the service to be provided. I acknowledge and agree that the information will only be used to facilitate the service and to advise me of the matters relating to the service. I understand that I will be able to access and alter information that has been supplied. I acknowledge that if I do not wish to receive promotional material I must advise in writing.

Parent/Carer Signature:..... Date:...../...../.....