



# Enrolment Form

STUDENTS First Name ..... Family Name..... D.O.B ( \_ / \_ / \_ )

ADDRESS ..... Suburb..... Post Code.....

PHONE NUMBERS HM ..... WK ..... Mob. ....

EMAIL .....

PARENTS NAME: MOTHER First Name ..... Family Name.....

FATHER First Name ..... Family Name.....

Starting Date.....

School / Child Care Attending.....

Other Sports       Football                       Soccer                       Netball  
                           Gymnastics                       Surf Life Saving                       Dancing  
                           Other .....

How did you find us?     Friend                       Radio                       Letter Drop  
     Brochure                       Yellow Pages     Word of Mouth  
     Other .....

**EMERGENCY CONTACT**

(1) Name..... Number..... Relationship.....

(2) Name..... Number..... Relationship.....

From time to time we require reliable service people and tradesman.  
Where possible we like to support our customers businesses.

**PARENTS OCCUPATION**

Mother ..... Father .....

**MEDICAL INFORMATION (This information can protect your child)**

<u>Medical Condition</u>		<u>Further Information</u>
ALLERGY (Reactions or Irritations)	Yes / No	
BREATHING DISORDER ( Particularly ASTHMA )	Yes / No	
EAR DISORDER ( Drainage, Grommets, Deafness.)	Yes / No	
EPILEPSY ( Mild or Severe )	Yes / No	
FAINTING/DIZZY SPELLS ( Or other loss of consciousness )	Yes / No	
Other Relevant Information	Yes / No	

**As Parent/Guardian of ..... I give my consent for him/her to participate in swimming lessons and agree to delegate my authority to the Staff and Instructors involved.**

Such Teachers may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individual in the above-mentioned activity. I also authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I submit the attached medical information about the above student and include details about limitations, which he/she has for the activity concerned. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises. By signing this agreement I permit T&L Rackley P/L and their associated parties to contact me by the above listed means for the purpose of client queries, marketing etc.

**MISSED LESSON POLICY:** All lesson fees are paid monthly in advance. Prices are based around a single lesson fee multiplied by the number of days in the month. Credits will not be carried from month to month. Make up classes will be allowed for missed lessons within a fortnight of the class missed. However reasonable notification is required.



SIGNATURE (Parent or Guardian) ..... Date.../.../...

