

# ENROLMENT FORM



Where did you hear about us?

## PARENT DETAILS:

Title

Mother's Name

Father's Name

Surname

Address

Suburb

Post Code

Home Telephone

Work Phone

Mobile

E-Mail Address

## ADMIN ONLY:

Orientation Booked  
 \_\_\_ / \_\_\_ / \_\_\_  
 Completed  YES  NO

Start Date  
 Direct Debit  \_\_\_ / \_\_\_ / \_\_\_  
 Date Joining Fee Paid  
 Joining Fee  \_\_\_ / \_\_\_ / \_\_\_

Entered By  
 Initials  \_\_\_ / \_\_\_ / \_\_\_

## CHILD DETAILS: Child 1

First Name  Surname   
 Date of Birth  If different from Parent  
 Current Level  Admin Use: Rate Override \$   
 Medical Info/Limitations

## Child 2

First Name  Surname   
 Date of Birth  If different from Parent  
 Current Level  Admin Use: Rate Override \$   
 Medical Info/Limitations

## Child 3

First Name  Surname   
 Date of Birth  If different from Parent  
 Current Level  Admin Use: Rate Override \$   
 Medical Info/Limitations

## Child 4

First Name  Surname   
 Date of Birth  If different from Parent  
 Current Level  Admin Use: Rate Override \$   
 Medical Info/Limitations

## ADMIN USE: CLASS TIMES

Child 1 \_\_\_\_\_ Day/s: \_\_\_\_\_ Times: \_\_\_\_\_  
 Child 2 \_\_\_\_\_ Day/s: \_\_\_\_\_ Times: \_\_\_\_\_  
 Child 3 \_\_\_\_\_ Day/s: \_\_\_\_\_ Times: \_\_\_\_\_  
 Child 4 \_\_\_\_\_ Day/s: \_\_\_\_\_ Times: \_\_\_\_\_

As a parent/Guardian of the above child/children named, I give my consent for him/her to participate in Learn to Swim and/or Squad Coaching and give authority to the Staff and Instructors of Andrew Baildon's SUPERFISH Swim Schools to take whatever action they deem necessary to ensure the safety and well-being of the students whilst in the centre. **YES / NO**

I understand that if my child/children are under age the age of 12 and are not accompanied and or supervised by a parent/guardian, that SUPERFISH Swim Schools are not liable for the safety of my child/children. **YES / NO**

I authorise Andrew Baildon's SUPERFISH Staff and Instructors to obtain medical assistance, which they deem necessary should an accident occur. **YES / NO**

I have completed the medical information regarding the above student/s and include details of limitations which he/ she may have for the activity concerned. **YES / NO**

I understand and agree to follow ALL Terms and Conditions and Policies at Andrew Baildon's SUPERFISH Swim Schools. **YES / NO**

I give permission for adding my details to the SUPERFISH database. **YES / NO**

I approve of SUPERFISH taking photos and using images for marketing purposes. **YES / NO**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_