

# Learn to Swim Enrollment



303 Dawson Parade, Arana Hills

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Student 1

Name:	Male Female	Date of Birth:	Age:
Confidence Level? Timid / Shy / New to Swimming Confident / Comfortable / Experienced	Has your child attended learn to swim lessons in the past? Past swim school?	Yes No	Has your child tried submersions before? Yes / No Did they like it? Yes / No
Medical Conditions/History?	Has your child ever had a scare, fright or negative experience around water? Please tell us about it...		

Student 2

Name:	Male Female	Date of Birth:	Age:
Confidence Level? Timid / Shy / New to Swimming Confident / Comfortable / Experienced	Has your child attended learn to swim lessons in the past? Past swim school?	Yes No	Has your child tried submersions before? Yes / No Did they like it? Yes / No
Medical Conditions/History?	Has your child ever had a scare, fright or negative experience around water? Please tell us about it...		

Student 3

Name:	Male Female	Date of Birth:	Age:
Confidence Level? Timid / Shy / New to Swimming Confident / Comfortable / Experienced	Has your child attended learn to swim lessons in the past? Past swim school?	Yes No	Has your child tried submersions before? Yes / No Did they like it? Yes / No
Medical Conditions/History?	Has your child ever had a scare, fright or negative experience around water? Please tell us about it...		

Student 4

Name:	Male Female	Date of Birth:	Age:
Confidence Level? Timid / Shy / New to Swimming Confident / Comfortable / Experienced	Has your child attended learn to swim lessons in the past? Past swim school?	Yes No	Has your child tried submersions before? Yes / No Did they like it? Yes / No
Medical Conditions/History?	Has your child ever had a scare, fright or negative experience around water? Please tell us about it...		

Parent/Guardian

How did you hear about us? Friend  Street Sign  Letterbox Flyer  School Newsletter  Other \_\_\_\_\_

What is the main reason for beginning learn to swim lessons with your child? \_\_\_\_\_

Parent/Account Holders Name:		
Home Phone:	Mobile:	
Address:		
Email:		
Secondary / Emergency contact		
Name:	Phone:	Relationship:

I give consent for my child/children to attend Arana Hills Swim School. I understand that the school will not be held responsible for any accident, loss or injury caused to my child/children during the course of activity. I authorize the staff at Arana Hills Swim School to attend first-aid, medical or hospital treatment as they see necessary on my behalf and I will be responsible for any emergency medical costs. I know that I am responsible for the safety and behaviour of my child/children at all times. By signing this document I have read and understood the full terms and conditions set out by Arana Hills Swim School at Club Arana and agree to abide by these in full.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_