

LEARN TO SWIM APPLICATION FORM



ENROLMENT TYPE *(Please Select)*

- New Enrolment *(Student/s did NOT participate last term)*
 Re-Enrolment *(Student/s DID participate last term)*
 Past Enrollee *(Student/s did not participate last term, but have undertaken LTS with Bluewater before)*

STUDENT DETAILS

First Name	Surname	Date of Birth (DD/MM/YY)	Gender (M/F)	Learning or LLN Needs* (Y/N)	Medical* (Specify)

**Does this person have any learning, language/literacy/numeracy needs or illness that may affect their swimming, interaction with their teacher or other students? (Please provide further detail below).*

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ADDRESS + CONTACT DETAILS

(Please Select) Residential Postal

Parent Contact Name			
Home Phone Number		Work Phone Number	
Mobile Phone Number			
Email Address			
Street Number & Name			
Suburb		Postcode	

MEDICAL DETAILS + EMERGENCY CONTACTS

Primary Contact Name			
Phone 1		Phone 2	
Relationship			
Secondary Contact Name			
Phone 1		Phone 2	
Relationship			

DECLARATION

<p><i>I, the undersigned, approve of the above application and in so doing, agree that Bluewater Leisure Centre and it's officers, staff and agents shall be released from, and shall no incur, a responsibility or liability whatsoever for any accident or for any loss of property of the applicant. I further authorise you to obtain medical/ambulance assistance in case of an emergency involving the applicant and I agree to bear any costs thereby incurred. After reading and receiving the above terms and conditions, I hereby understand and accept all the policies for this program.</i></p>			
Signed		Date	