

SWIM SCHOOL ENROLMENT 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).*

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

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 not 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 attached terms and conditions, I hereby understand and accept all the policies for this program.

Signed		Date	
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