



SWIM SQUAD ENROLMENT FORM

ENROLMENT DETAILS:

| Student Name: | M/F | Age | Date of Birth |
|---------------|-----|-----|---------------|
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Medical Conditions/Allergies and Medications:

CONTACT DETAILS:

| | | |
|--|------------|--|
| Parent/Guardian Name: | | |
| Postal Address: | | |
| Email: | | |
| Home No: | Mobile No: | Business No: |
| Emergency Contact Person: | | |
| Relationship to Student: | | Phone No: |
| Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mobile | | Preferred contact time: _____AM/_____PM |

SESSION PREFERENCES:

Please confirm at office at Time of Payment.

Time: 7:00 am - 8:00 am

| Student Name: | Swimming Stage: | Tuesday Cheryl | Wednesday Kate | Thursday Cheryl |
|---------------|-----------------|----------------|----------------|-----------------|
| | | | | |
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IMPORTANT INFORMATION

Signature required on reverse of enrolment form
 Please see over the page for Terms & Conditions and Payment Details

TERM AND CONDITIONS:

- 1. Payment of Fees: FULL** payment is required at the time of enrolment before each term. \$100 for 1 session per term per week. Bookings are not confirmed until full payment is received. Payments can be made at the school office by cash or EFTPOS. Unfortunately payment is non-refundable for missed sessions.
- 2. New Enrolment Forms:** New enrolment forms must be completed prior to the commencement of each school term and payment received to secure your child's position on the squad.
- 3. Swim Wear Policy:** All students are required to wear the school swim wear whilst in sessions. Swimming goggles are required and swimming caps are optional.
- 4. BYO Breakfast**

Please note that places are limited. Priority will be given towards students who have been selected for inter school swimming carnival.

REQUIRED:

- My child is a competent swimmer and can comfortably swim 25m without stopping.
- I give permission for us to take photos and videos of your child to post on the swim squad facebook page group page only. I will not repost the videos and images from the page. We are planning on posting tips and videos of drills and techniques.
- I will transport my child from swimming to school
- I am able to carpool_____ (number) children from swimming to school
- I give permission for my child to carpool from swimming to school
- In case of emergency I consent to an ambulance being called

Medicare Number: _____ Private Health Insurance: _____

I have read and I agree with to the above Terms & Conditions. I understand that no liability of personal injury, loss or damage to personal effects is accepted is accepted by the coach, St. Damien CPS and Kirby Swim whilst attending this program.
I acknowledge and agree to comply with the SQUAD SWIM program and St. Damien's code of conduct.

Signed (Parent/Guardian): _____ (Student): _____
Date: _____

FOR MORE INFORMATION PLEASE DON'T HESITATE TO CONTACT:

Alicia Sun: 0421 625 472 **OR** Veronique Besson: 0437 810 027