

# AQUAMOVES Swim School

## Express Lessons Enrolment Form

### Parent/Guardian Details

First Name:	
Surname:	
Address:	
Contact Number 1:	
Contact Number 2:	
E-Mail Address:	

### Child/Children's Details

Name of Participant	Date of Birth	Gender	Medical Condition/s

Is your child currently enrolled in our term based Swim School program?

Yes  No

Please tick the holiday program you would like your child/children to attend.  
Choose between a one or two week program offering an intensive 45 minute swim lesson each day.

**PROGAM 1**   
**5 Days**

Monday 2 July to  
Friday 6 July 2018  
Cost: \$105 per child

**PROGAM 2**   
**5 Days**

Monday 9 July to  
Friday 13 July 2018  
Cost: \$105 per child

**PROGAM 3**   
**10 Days**

Monday 2 July to  
Friday 13 July 2018  
Cost: \$195 per child

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## Terms and Conditions

### 1. Payment of Fees

Full payment of lessons is required upon booking of the Express Lessons Program.

### 2. Missed Lessons

No refunds or make up lessons will be made for individual lessons missed. Missed lessons will be forfeited.

### 3. Swimming Attire

All students who are not fully toilet trained must wear correct aqua nappies in the pool during and after lessons.

### 4. Supervision Requirements—Watch Around Water

As per centre guidelines, parents/guardians of children under the age of 10 are required to accompany their child within the centre and actively supervise their child at all times. **Parents/guardians of children under the age of five (5) are asked to actively supervise their child and remain within arms reach at all times.** Participants under the age of ten (10) years must be presented to their teacher at the commencement of the lesson and parents/guardians are asked to remain poolside and actively supervise their child whilst the lesson takes place. Before and after swimming lessons parents/guardians must abide by the centre's supervision guidelines.

## PRIVACY STATEMENT

Privacy Statement - The personal information contained in this document is to provide contact information/medical details for individuals wishing to use Aquamoves' facilities. This information may be disclosed to other areas of Aquamoves, Council, medical practitioners or other third parties should there be an issue or medical emergency, and in accordance of the Information Privacy Act 2000.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Tom Collins Drive, Shepparton 3630

Locked Bag 1000, Shepparton 3632

Tel: (03) 5832 9400

Fax: (03) 5831 8189

Website: [www.aquamoves.com.au](http://www.aquamoves.com.au)

Email: [customerservice@aquamoves.com.au](mailto:customerservice@aquamoves.com.au)