

# aquastar SWIM SCHOOL

## ENROLMENT FORM

### STUDENT(S) DETAILS:

CHILD'S SURNAME: .....

(Block letters please)

FIRST NAME(S):

Sex:

Date of Birth:

Age:

1.....  M / F  ...../...../.....    .....

2.....  M / F  ...../...../.....    .....

3.....  M / F  ...../...../.....    .....

IS THERE ANY LEARNING DIFFICULTY OR MEDICAL CONDITION? If yes, please explain: .....

DOCTORS NAME: .....PHONE: .....

### PARENT / GUARDIAN DETAILS:

FULL NAME: .....

STREET ADDRESS: .....

SUBURB: .....POST CODE:.....

PHONE: (H): ..... (W): ..... (M): .....

EMAIL: .....

### HOW DID YOU HEAR OF AQUASTAR?

### MEDICAL AUTHORITY & CONDITIONS AGREEMENT:

I, .....(parent/guardian) authorise the staff at Aqua Star Swim School to procure such medical assistance as they may determine in the event of any illness or accident which may occur to my child(ren) whilst attending the swim school, and agree to meet any expenses incurred therein. I have read and fully understand the terms outlined below:

- 1) Term Fees must be paid in full prior to the term commencing.
- 2) In the case of absence, up to 2 missed lessons(s) may be made-up, subject to availability and provided we can offer a similarly graded lesson.
  - a) Make up classes can only be done in the same term the lesson was missed. It cannot be carried over to the next term.
  - b) Should a make-up class be booked, but not attended, then you forfeit that lesson.
  - c) Prior notice of your child's absence must be received in order to receive a make-up lesson.
  - d) There is a maximum limit of 2 make up lessons per term.
- 3) Aqua Star takes no responsibility for accidents or injuries that occur outside the swimming pool.
- 4) No Refunds

SIGNATURE of Parent/Guardian: ..... DATE: .....

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