

HALE SWIM SCHOOL

A Skill for Life.

Enrolment Information

Surname: _____ Parent/Guardian Name: _____

Address: _____ Postcode: _____

Mobile No: _____ Home: _____ Work: _____

Email: _____

Emergency Contact: _____ Phone: _____

Swimmer 1

Name: _____ DOB: _____

Swimmer 2

Name: _____ DOB: _____

Swimmer 3

Name: _____ DOB: _____

Lesson Request

Preference 1

Preference 2

| <u>Swimmer</u> | <u>Assessed Level</u> | <u>Day</u> | <u>Time</u> | <u>Day</u> | <u>Time</u> |
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Terms and Conditions

I have read and accept the Hale Swim School Terms and Conditions and the Swim Safe Medical Information.

Signed _____ Date _____

Payment Details

Hale School discount. YES__ NO__ (a 5% discount is available for current Hale School students and their families)

Payment Method: Hale Swim School, BSB: 086 492. ACC No. 560 948 107, NAB, Ref: Parent Enrolment ID

Visa __ MC __ EXPIRY _____ AMOUNT \$ _____

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