



New Enrolment Form

Surname: _____ Parent/Guardian Name: _____

Address: _____ Postcode: _____

Mobile No: _____ Home: _____ Work: _____

Email: _____

Emergency Contact: _____ Phone: _____

New Swimmer 1

Name: _____ DOB: _____

New Swimmer 2

Name: _____ DOB: _____

New 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>

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 Required

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 _____ CVV: _____ AMOUNT \$ _____

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