



# APRIL Holiday Splash Enrolment Information

Surname: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Swimmer 1**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Level: \_\_\_\_\_

## **Swimmer 2**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Level: \_\_\_\_\_

## **Swimmer 3**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Level: \_\_\_\_\_

<b>Holiday Splash</b>	<b>Programme Request</b>	<b>Time Preference</b>	
<b>APR HSP WEEK 1</b>	<b>14<sup>th</sup> – 17<sup>th</sup> April (4 Days) AM</b>		
<b>APR HSP WEEK 2</b>	<b>22<sup>nd</sup> – 24<sup>th</sup> April (3 Days)</b> <b>Stroke Dev. Clinic Only. Sharks, Swordfish, Marlins &amp; Orcas</b>		

## 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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