HALE SWIM SCHOOL

A Skill for Life.

Dec / Jan 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**:** _____

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| **Holiday Splash** | **Programme Request** | | **Time Preference** |
|---|---|---|---|
| **Holiday Splash 1** | **7TH – 11th December (5 days) PM** | | |
| **Holiday Splash 2** | **14th – 18th December (5 days) PM** | | |
| **Holiday Splash 3** | **4TH – 8th January (5 days) AM** | | |
| **Holiday Splash 4** | **11th – 15th January (5 days) AM** | | |
| **Holiday Splash 5** | **18th – 22nd January (5 days) AM** | | |

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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 _____

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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. 560948107, NAB, Ref: Parent Enrolment ID**

Visa ___ MC ___ EXPIRY _____ CVV_____ AMOUNT $ _____

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