

# Enrolment Form: Under 16's

**PARENT/GUARDIAN  
DETAILS:**

Title

First Name

Surname

Other Name

Address

Suburb

Post Code

Phone H  W

Mobile

\* E-Mail

**Admin Use Only**

Direct Debit  Start Date: \_\_\_ / \_\_\_ / \_\_\_

Joining Fee  Date Fee Paid: \_\_\_ / \_\_\_ / \_\_\_

Date Entered: \_\_\_ / \_\_\_ / \_\_\_

Entered By:

SSS Location:

**Where did you hear about us?**

**Join our mailing list\***

Please tick if you would like to receive promotional information from us, such as event information and special offers.

\*At Andrew Baildon's SUPERFISH Swim Schools we value our customers' privacy. Your personal information is collected only when knowingly and voluntarily submitted and is used in accordance with Australian privacy law.

**CHILD 1 DETAILS:**

First Name  Surname   
If different from above

Date of Birth

Current Level  Rate Override \$

Medical Info/ Limitations

**CHILD 2 DETAILS:**

First Name  Surname   
If different from above

Date of Birth

Current Level  Rate Override \$

Medical Info/ Limitations

**CHILD 3 DETAILS:**

First Name  Surname   
If different from above

Date of Birth

Current Level  Rate Override \$

Medical Info/ Limitations

**CHILD 4 DETAILS:**

First Name  Surname   
If different from above

Date of Birth

Current Level  Rate Override \$

Medical Info/ Limitations

CLASS TIMES	DAY/S	TIME/S
CHILD 1	<input type="text"/>	<input type="text"/>
CHILD 2	<input type="text"/>	<input type="text"/>
CHILD 3	<input type="text"/>	<input type="text"/>
CHILD 4	<input type="text"/>	<input type="text"/>

As a Parent/Guardian of the above child/children named, I give my consent for him/her to participate in Learn to Swim and/or Squad Coaching and give authority to the Staff and Instructors of Andrew Baildon's SUPERFISH Swim Schools to take whatever action they deem necessary to ensure the safety and well-being of the students whilst in the centre. **YES / NO**

I authorise Andrew Baildon's SUPERFISH Staff and Instructors to obtain medical assistance, which they deem necessary should an accident occur. **YES / NO**

I have completed the medical information regarding the above student/s and include details of limitations which he/ she may have for the activity concerned. **YES / NO**

I understand and agree to follow ALL Terms and Conditions and Policies at Andrew Baildon's SUPERFISH Swim Schools. **YES / NO**

Name:  Signed:  Date: