

HEATHERS SWIM SCHOOL  
107 MAIN STREET  
ELLIMINYT  
PH 52315793  
FAX 52315897



**ENROLMENT FORM  
2022  
SWIMMING LESSONS**

School Term

SURNAME.....GIVEN NAME.....

PARENTS SURNAME.....GIVEN NAME.....

ADDRESS.....

PH (H)..... (MB)..... (.WK).....

**Can we celebrate your child's birthday?** D.O.B.....AGE.....

**Do you give permission for Heather's Swim School to photograph your child for uses of marketing and on social media?**

ARE THERE ANY MEDICAL CONDITIONS OR DISABILITIES? Eg Asthma/ Allergies

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**COST \$180 (10 WEEKS)**

Please number in order of preference

Monday\_\_ Tuesday \_\_ Wednesday\_\_ Thursday\_\_ Friday\_\_ ††

Times Any Time † Any Day† Current level if known.....

9.00am 9.30am 10.00am 10.30am 11 am  
4.00pm 4.30pm 5.00 pm 5.30pm 6.00pm 6.30pm

I the undersigned submit the above application and in doing so I agree that Heathers Swim School and its staff be released from any responsibility or liability for any accident or loss of property incurred by the applicant. I also authorise you to obtain any medical assistance that I/child may require and agree to bear any costs incurred.

Signature.....Date.....

All information supplied remains confidential under the privacy act 2000.

**Every effort will be made to meet your preferences.**

**PAYMENT MUST BE MADE ON ENROLEMENT.**