



SWIM SCHOOL TERMS & CONDITIONS

Welcome to **The Village Swim School!** Thank you for being part of our exclusive Health Centre. If you need any clarification in respect of this document, please do not hesitate to ask our friendly staff. They will be more than happy to assist you.

PARENT DETAILS

Registration Date: _____

Mobile Number: _____

Full Name: _____ DOB: _____

Address: _____

Email: _____

I apply to register my child as a student of The Village Swim School, 42 Seabreeze Blvd Pottsville NSW 2489, on the basis of this application ("Swim School Registration") and the attached Swim School terms and conditions ("Terms and Conditions") which together form the contract between us ("Contract").

I acknowledge and accept the Terms and Conditions.

Name of Parent/ Guardian: _____

Parent/Guardian Signature: _____ Date Signed: _____

Please read the Membership Terms & Conditions:

Please take the time to read the Terms and Conditions carefully to ensure you understand all relevant details. These are available in full at our website www.thevillagegym.com.au

I acknowledge that there are *no refunds for missed lessons and make-up lessons are only applicable in the event of illness; a medical certificate must be supplied.*

MODE OF PAYMENT I acknowledge that The Village Swim School requires payment at time of enrolment.



SWIM SCHOOL REGISTRATION FORM

STUDENT DETAILS

Full Name: _____ DOB: _____

Gender: _____

Next of Kin: _____

Contact Number: _____

Has your child been assessed: _____ Level: _____

Preferred Class (day/time): _____

Does the participant suffer from: (please provide details)

Allergies/ Skin Conditions _____

Fits/Seizures of any type _____

Heart Condition _____

Diabetes _____

Dizzy Spells _____

Blackouts _____

Migraine _____

Epilepsy _____

Being Held _____

Asthma _____

Behavioural or Emotional Disorders e.g. ADHD, anxiety _____

Any additional medical information:
