

## Swimmer Contact and Medical Information

### CONTACT INFORMATION:

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SWIMMER INFORMATION:

1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### MEDICAL INFORMATION:

Please provide details of any illness or condition that may affect any of the swimmers abilities in the pool.  
(Please tick all applicable)

- Heart Condition     Epilepsy     Asthma     Respiratory problems     Diabetes     Allergies
- Hearing Complete or Partial Loss     Eye/Vision Disorder
- Learning Disorders     Autism Spectrum Disorders     Regular medication
- Repetitive Injuries     Spinal Conditions     Recent Surgery     Recent Fractures

If yes to any of above or any other medical conditions please detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CONSENT:

I give permission for the above named swimmer to participate in the Norwood Swim School Learn to Swim & Norwood Swimming Club Activities & to receive emergency medical treatment should the need arise. I declare that the above named swimmer is fit and able to participate in lessons.

Signature (Parent/Guardian if under 18): \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office use:    Receipt date: \_\_\_\_\_ Entered: \_\_\_\_\_



## TERMS AND CONDITIONS

### Parental Supervision

- It is a condition of entry to the Norwood Swim School that all children under the age of 10 must be accompanied by a parent or responsible guardian whilst in the centre. Children must be collected by a parent or guardian at the conclusion of their lesson.
- Parent/Guardian/s wishing to leave the centre during their child's lesson may do so providing they advise the Reception staff and confirm all contact information is current.

### Illness and Swimming

- Please refrain from bringing your child to swimming lessons if your child is suffering from any contagious condition. These include nervous system infections, ear infections, eye infections, gastrointestinal infections, diarrhoea, colds, cold sores, coughs, infectious runny noses (green discharge), open sores, skin infections, rashes or feet infections.

### Health Issues

- Appropriate clean and suitable swimming attire is required for entry to the pool.
- We request that children up to the age of 24 months wear bather with elastic waist and leg bands or 'aqua nappies'. Disposable or cloth nappies are not permitted.
- Please use change tables provided.

### Payment of Fees

- Your monthly fees are payable prior to the 7<sup>th</sup> of the month or your first visit to the swim school whichever comes first.
- Payments received after the 7<sup>th</sup> of the month will not be eligible for any discounts.
- You can pay at the centre with Cash, Credit, EFTPOS, or Cheque. Electronic Funds Transfer and Direct Debit are also available – see reception for details.
- Payments can be made by credit card over the phone if this is more convenient for you.
- If you are unable to make your lesson we recommend that you pay by credit card over the phone by the 7<sup>th</sup> of the month to secure your position.

### Missed Lessons

- If you are unable to attend your lesson, we would greatly appreciate a phone call or email to inform us.
- Whilst you are a financial member missed lessons can be booked as a Make Up lesson, on a different day or at a different time.
- To be able to book a Make Up lesson you need to be financial for the current month. Make up Lessons cannot be taken in lieu of payment.
- Make up lessons can be booked up to 2 weeks in advance.
- Make up lessons have an expiry date of 4 months.

### Cancellations

- Two weeks' notice to centre management is required to cancel swim school lessons. No refund will be given for any monies paid in advance unless a medical certificate can be provided. Refunds will be calculated from the date the Swim School is notified at the discretion of centre management.
- If you have not attended your lesson for 2 weeks and payment has not been made your lesson will be cancelled.

I, \_\_\_\_\_ agree to the Term and Conditions of entry into the Norwood Swim School. Any breach of the above may result in withdrawal from the Norwood Swim School.

Name of Swimmer(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Name of (Parent/Guardian if under 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

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