



Geelong Aquatic Centre

3 Bridge Street, Newtown, 3220
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Website: www.geelongaquaticcentre.com.au

SWIMMING RE - ENROLMENT FORM

A separate enrolment form, is required to be completed for each student.

PREVIOUS LESSON DETAILS: TERM _____ YEAR _____ DAY _____ LEVEL _____

CURRENT LESSON DETAILS: TERM _____ YEAR _____ DAY _____ LEVEL _____

Student Details:

SURNAME: _____ GIVEN NAME: _____

AGE: _____ DATE OF BIRTH: ____/____/____ Male/Female (circle)

CURRENT SWIMMING ABILITY / LEVEL (if known): _____
(this includes other swim school programs ie: Swim & Survive / Vic swim)

MEDICAL HISTORY:

If your child has any medical / behavioural history, which the instructor should be made aware of, please provide relevant details. Eg: Asthma, Diabetes, ADHD, Autism etc.

CONTACT DETAILS:

PARENT/GUARDIAN: PRIMARY: _____ SECONDARY: _____

PH: (H) _____ PH: (W) _____ PH: (MOB) _____

ADDRESS: _____ POSTCODE: _____

EMAIL: _____

DO YOU HAVE OTHER CHILDREN SWIMMING AT THIS CENTRE? YES NO

IF SO, PLEASE NAME: _____

PREFERRED LESSON DAY & TIMES: I) DAY: _____
(Days Available: Monday – Saturday)

II) DAY: _____

** PLEASE INDICATE ANY DAYS YOU ARE UNAVAILABLE _____

** Whenever possible we will endeavour to comply with your requests.

Please complete and return the form as soon as possible to reception staff for booking.

A \$30.00 Deposit is required with every enrolment.

GAC OFFICE USE ONLY:

Entered into SPLASH Deposit or Paid in Full Class confirmation sent: Added to Instructor roll No. Weeks remaining GAC Staff Initial _____ Date: _____

Payment receipt # _____