



# Geelong Aquatic Centre

3 Bridge Street, Newtown, 3220.  
Phone 5222 5530 Fax 5222 5518  
Email: admin@geelongaquaticcentre.com.au

## January 2019 Intensive Swimming Enrolment Form

Week 1  Monday 7th January – Friday 11th January  
and /or

Week 2  Monday 14th January – Friday 18th January  
and /or

Week 3  Monday 21st January – Thursday 25th January

Please tick the appropriate box

5 day program \$75.00

10 day program \$145.00 per child

14 day program \$185.00 per child

SURNAME: \_\_\_\_\_ CHRISTIAN NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PH: (H) \_\_\_\_\_ PH: (B) \_\_\_\_\_ PH: (MOB) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENTS NAMES: MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

CURRENT SWIMMING ABILITY: \_\_\_\_\_

AUSTSWIM LEVEL (if applicable): \_\_\_\_\_ PREFERRED TIME: \_\_\_\_\_

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

IF SO, PLEASE NAME: \_\_\_\_\_

PAST LESSON DETAILS: TERM/INTENSIVE \_\_\_\_\_ YEAR \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_ LEVEL \_\_\_\_\_

### MEDICAL HISTORY:

If your child has any medical history that your instructor should be made aware of, please provide relevant details. Eg: asthma, diabetes etc. \_\_\_\_\_

A separate form should be completed for each child.

Please complete the form and return it as soon as possible to the address shown above.

Cost of intensive program is \$75 per child 5 day programme. (40 minute lesson)

A \$20 Deposit is required with every enrolment

OFFICE USE ONLY:

COMPUTER:

DEPOSIT: