



Learn to Swim: Enrolment Form

NAROOMA POOL

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Personal Information

Child's Surname

First Child

Date of Birth / / Male Female

Second Child

Date of Birth / / Male Female

Third Child

Date of Birth / / Male Female

Conditions & Special Considerations _____

Contact Information

Parent/Guardian

Contact Numbers Home Mobile

Address

Suburb Postcode

Email

Days Preferred: Mon Tues Wed Thurs Fri Sat

Preferred Time: _____

Program: Term1 Term 2 Term 3 Term 4 Intensive

By signing this enrolment form I am agreeing to the First Splashes Learn to Swim Program Terms and Conditions.

All Eurobodalla Swimming Centre proudly deliver the First Splashes Learn To Swim Program. A program endorsed by both AUSTSWIM and SWIM AUSTRALIA

Parent / Guardian Signature _____ Date: _____

Office Use Only

Accepted by (staff name): _____ Date: _____

Added to Links (staff name): _____ Date: _____

Confirmed Lesson: Day: _____ Time: _____ Program: _____

Payment: Cash / EFT Amount Paid at Booking: \$ _____ Links Client # _____