



**West Coast Swimming Club
BOOKING FORM – INTRODUCTION TO CLUB SWIMMING**



FAMILY DETAILS			
Surname		Parent/Guardian first name	
Address			
Suburb		Postcode	
Email			
Telephone (H)		Mobile	
Emergency Contact		Telephone	
How did you hear about this programme?			
CHILD 1			
Name		Date of Birth	Age
Current School:			
Allergies (if any)		Medical conditions (if any)	
Current Swimming Level			
Enrolment Date (please circle): Week One (3,4,6 & 7 Oct), Week Two (10,11,13 & 14 Oct), Casual (Please circle date) 3, 4, 6, 7, 10, 11, 13, 14 Oct			
CHILD 2			
Name		Date of Birth	Age
Current School:			
Allergies (if any)		Medical conditions (if any)	
Current Swimming Level			
Enrolment Date (please circle): Week One (3,4,6 & 7 Oct), Week Two (10,11,13 & 14 Oct), Casual (Please circle date) 3, 4, 6, 7, 10, 11, 13, 14 Oct			
PARENT DECLARATION			
I acknowledge that participation in any West Coast programme undertaken by myself, other family members and/or visitors is at our own risk. I understand that no liability of personal injury, loss or damage to personal effects is accepted by West Coast Swimming Club or its employees whilst attending this programme. I acknowledge and comply with West Coast's Refund and Missed Class policy and rules of the programme.			
SIGNED: (parent/guardian _____		DATE: _____	
* I agree / do not agree to have photographs taken of my child during the programme for use in promotional material by the West Coast Swimming Club eg newsletters and websites and other media.			
ENROLMENTS CANNOT BE PROCESSED WITHOUT PAYMENT			
OFFICE USE ONLY: Booked in Class	Payment Processed	Confirmation Issued	

SAFETY AND SUPERVISION OF YOUR CHILDREN

While we can assure you that your children are in the safest of hands during their lesson, they are not the responsibility of our instructors before or after their lesson. Areas in and around pools, including the trampoline and WAIS equipment are off limits.

REFUNDS

No refunds will be given for classes missed during the programme. West Coast Swim Club will use its discretion in exceptional circumstances, which result in more than 50% of classes being missed. Any refund requests must be in writing. All refunds granted will incur a \$5.00 administration fee.

Note that West Coast Swimming Club reserves the right to exclude a child from the holiday programme if, in the view of the coaches, a child's swimming ability or behaviour is unsuitable or inappropriate for the programme.

PAYMENT

1) Send completed forms with correct payment (Cheques made to West Coast Swimming Club) to:

The Registrar
West Coast Swimming Club
PO Box 2641
Mount Claremont WA 6010

2) Envelope placed in the Club letterbox at Challenge Stadium (located at the Club office, scoreboard end of the main pool).

3) Payment may also be made via Direct Debit. Please use surname as reference and email confirmation to deb.jones@westcoastswimclub.com

Acc Details: West Coast Swimming Club, BSB 016484 Acc No 437562241