



Date Received	
Date of Input	
Staff Member	

Albany Leisure & Aquatic Centre (ALAC) - Swim2Survive Swim School

Pre-school Holiday Program - Enrolment Form

Please print clearly and complete this enrolment form in its entirety & notify us when details change.

ENROLMENT DETAILS:

Child 1 Full Name:		
Date of Birth (DD/MM/YY):		
Any Relevant Medical Conditions/Allergies:		
Stage:	Program 1 (5 days) * <input type="checkbox"/> _____ Program 2 (5 days) * <input type="checkbox"/> _____ Program 3 (5 days) * <input type="checkbox"/> _____	Please ✓ preferred program

Child 2 Full Name:		
Date of Birth (DD/MM/YY):		
Any Relevant Medical Conditions/Allergies:		
Stage:	Program 1 (5 days) * <input type="checkbox"/> _____ Program 2 (5 days) * <input type="checkbox"/> _____ Program 3 (5 days) * <input type="checkbox"/> _____	Please ✓ preferred program

*** Program dates detailed on the City's website.**

Parents/Guardians Names:		
Address:		
Contact Nos:	(Home)	(Mobile)
Email:		

PARENT/GUARDIAN DECLARATION:

I understand that no liability of personal injury, loss or damage to personal effects is accepted by Albany Leisure and Aquatic Centre or its employees whilst attending this program.

I acknowledge that I have read and understand all relevant policies (i.e.: Enrolment and Confirmation Advice of Same, Refund, Credit and Missed Class Policies, Cancellation and Class Transfer Requests, Payment Conditions and Rules of the Programme) as outlined on the reverse side of this form.

Signed (Parent/Guardian) _____ Date: _____

