



Central Swim School Enrolment Form - Child

Student Name: _____ Surname: _____

DOB: _____ Age: _____ Student Gender: Male Female

Parent/Guardian Name: _____

Postal Address: _____

Town: _____ Post Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Central Swim School sets classes by ability. Please indicate if your child can do the following:

- | | | |
|---|--------------------------|---|
| Full face submerge | <input type="checkbox"/> | |
| Blow bubbles | <input type="checkbox"/> | |
| Float on front | <input type="checkbox"/> | |
| Float on back | <input type="checkbox"/> | |
| Kicking in streamline position on front | <input type="checkbox"/> | 5-8 metres Y <input type="checkbox"/> N <input type="checkbox"/> |
| Kicking in streamline position on back | <input type="checkbox"/> | 5-8 metres Y <input type="checkbox"/> N <input type="checkbox"/> |
| Freestyle arms | <input type="checkbox"/> | 5-8 metres Y <input type="checkbox"/> N <input type="checkbox"/> |
| Backstroke arms | <input type="checkbox"/> | 5-8 metres Y <input type="checkbox"/> N <input type="checkbox"/> |
| Freestyle breathing | <input type="checkbox"/> | 10- 18 metres Y <input type="checkbox"/> N <input type="checkbox"/> |
| Freestyle in deep water | <input type="checkbox"/> | 25 metres Y <input type="checkbox"/> N <input type="checkbox"/> |
| Backstroke in deep water | <input type="checkbox"/> | 25 metres Y <input type="checkbox"/> N <input type="checkbox"/> |

Does your child have any special needs, medical conditions, or allergies Y N
(please detail so we can best assess needs):

Preferred Day: Monday Tuesday Wednesday Thursday Friday Saturday (Please Tick)

Where: (Please Tick) Cromwell Pool Alexandra Pool

Note: Due to high demand, Central Otago Swim School does not accept tentative bookings. Once a booking is made, it must be paid for before this booking is treated as confirmed. Fees for our swim programmes during the year are to be paid in advance by direct credit at the pool facility or fortnightly direct debit, or via cash/EFTPOS before lessons commence.

Do we have permission to use digital images for the purpose of advertising or promotional material? Yes No

For more information or queries please contact 03440 0680 or 021 490 264 or email to centralswimschool@codc.govt.nz

I have read the terms and conditions Signature: _____ Date: / /20

Staff to complete: Envibe Swim School number: _____ Date Swim School Class Fees paid / /20_____

Student, Parent/Guardian record information added into Envibe by (Name): _____

Payment Type: EFTPOS, Cash, Direct Debit, Credit Card (Please circle one).