



Date Received	
Time Received	
Staff Member	

## Albany Leisure & Aquatic Centre (ALAC) - Swim School Enrolment Form

**ENROLMENT DETAILS:**

**Please tick enrolment type:**  Re-Enrolment       New       Previously Enrolled

Student Name:	M/F	Age	Date of Birth	Medical Conditions or Allergies

**Have your contact details changed since last enrolment?**

No – Go to lesson preferences       Yes – Please update contact details below:

**CONTACT DETAILS:**

Parent/Guardian Name:		
Postal Address:		
Email:		
Home No:	Mobile No:	Business No:
Emergency Contact Person:		
Relationship to Student:	Phone No:	
Preferred method of contact:	Preferred contact time:	
<input type="checkbox"/> Email / <input type="checkbox"/> Mobile / <input type="checkbox"/> Postal	_____ AM / _____ PM	

**LESSON PREFERENCES:** If we cannot allocate one of the preferred days/times, would you like us to (please indicate):

Allocate the closest available day and time.       Phone/Email you with options.

Student Name:	Swimming Stage:	Preference 1: Day / Time	Preference 2: Day / Time	Preference 3: Day / Time

**IMPORTANT INFORMATION**

\*\* Signature required on reverse of enrolment form \*\*

Please see over the page for Terms and Conditions Payment Details

**It remains your responsibility to contact ALAC on telephone number 08 9844 2274 prior to the commencement of each Swim School Term to confirm the day and time of your child's class.**

**TERM AND CONDITIONS:** Albany Leisure and Aquatic Centre Swim<sub>2</sub>Survive Swim School

1. **Payment of Fees: FULL** payment of fees is required at the time of enrolment. Payment Plans are available for families with **MORE THAN** two children enrolled into swimming lessons. Please see the Swim School Coordinator to discuss any payment plan options and/or arrangements. Booking is not confirmed until full payment is received. Payments can be made at the Swim School office by cash, cheque, credit card (Visa or MasterCard) or EFTPOS. Alternatively, credit card payments can be taken over the phone by contacting the Swim School Office on 9844 2274.
2. **Re-enrolments/New Enrolments Forms:** Re-enrolment/New Enrolment forms must be completed for each new swim term and must include a signature to acknowledge and accept the terms and conditions.
3. **Teacher/Class Preferences:** Students are placed into classes (subject to vacancies) at the time of enrolment. Every possible attempt is made to accommodate your first preference – however this is not always possible; nor can we guarantee the same instructor will teach your child/ren every term. We do endeavour to accommodate as many requests as possible.
4. **Lesson Cancellations:** Should ALAC be forced to cancel a class due to the unavailability of staff or malfunction of the facility, a credit will be issued to the value of the lesson. These credits are not cash refundable and may be transferred from term to term.
5. **Missed lessons due to illness:** In the event of an illness resulting in a student not being able to attend his/her swimming lesson, a credit can be issued upon the provision of a doctor's certificate. These credits are not cash refundable and may be transferred from term to term. Credits will not be issued to any person other than the enrolled student stated on the medical certificate.
6. **Make-up Lessons:** If a swimmer is unable to attend a scheduled class, refunds or credits will not be issued. We do not provide make up lessons for missed classes.
7. **Public Holidays:** Classes do not run on Public Holidays and do not form part of your account.
8. **Refunds and Administration Fees:** Once paid, tuition is non-refundable. Please consider all factors that may affect your enrolment into the Swim<sub>2</sub>Survive program. Refunds will only be issued for medical reasons (upon the provision of a medical certificate) or relocation (proof of relocation is required). Failure to advise the Centre of any lesson cancellations will incur an Administration Fee.
9. **Swim School Membership Cards:** Swim School Membership Cards are issued to each registered swimmer upon initial enrolment. This card admits the swimmer into the Centre for his/her swimming lesson each week, and **MUST** be scanned at Reception or through the turnstile upon entry into the Leisure Centre. A spectator card is issued to the parent/guardian and admits this party into the centre free of charge. Swim School membership cards cannot be used to gain normal entry into the centre. The membership cards are valid for life and are re-validated upon reenrolment each term. Replacement Fees are applicable for lost cards. If you lose your card, it is your responsibility to inform ALAC immediately.
10. **Swim Wear Policy:** All students are required to wear the appropriate swim wear whilst in lessons. It is recommended that all children (excluding babies) wear goggles and caps.
11. **Aqua Nappies Policy:** All students that are not fully toilet trained must wear an AQUA NAPPY whilst in the pool during and after lessons. A swim suit or pair of shorts should be worn over the aqua nappy. Aqua Nappies can be purchased from ALAC Reception.
12. **Watch Around Water and Supervision Policies:** It is a condition of entry into ALAC that all children under the age of ten years must be accompanied by a parent/guardian (over the age of sixteen years) whilst at the Centre. Children under five years of age must remain within an arm's reach of a parent/guardian and must wear a 'Watch around Water' arm band, including during lesson times.

**RISK WAIVER AND 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 and agree to comply with Albany Leisure and Aquatic Centres Term and Conditions.

Signed(Parent/Guardian)\_\_\_\_\_ Date\_\_\_\_\_

**FULL** payment of fees is required at the time of enrolment. Payment Plans available for families with more than two children enrolled into swim lessons (see Swim School Coordinator). Booking is not confirmed until full payment is received.

Please indicate PAYMENT TYPE:	EFTPOS	CASH	CHEQUE	MASTERCARD	VISA
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Card Holders Name:		<b>STAFF USE –</b> Payment Processed:
Card No:	Expiry Date:	Date Client Notified:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	Amount: \$	Staff Initials:
<input type="text"/>	<input type="text"/>	<input type="text"/>