

SCHOOL AGE LEARN TO SWIM CLASSES

SURNAME _____ FIRST NAME(S) _____ D.O.B _____ AGE _____

STREET ADDRESS _____

PHONE _____ home _____ work _____ MALE/FEMALE (Delete one)

MEDICAL INFORMATION (eg Asthma, Diabetes) _____

EMAIL ADDRESS _____

NEXT OF KIN DETAILS

SURNAME _____ FIRST NAME _____

RELATIONSHIP _____

STREET ADDRESS _____

PHONE _____ home _____ cell _____ work _____

EMAIL ADDRESS _____

CHILD'S ABILITY (tick) – 10 WEEK COURSE

- _____ New learners, children needing improvement in confidence, moving through the water, floating, gliding, kicking and submersion. Incorporates basic water safety skills.
- _____ Children who can float, push and glide from the side and travel on front and back. Introduction to all swimming strokes.
- _____ Children who can push, glide, kick and swim approximately 5m front and back. Extension of strokes and breathing.
- _____ Children who can swim approximately half a length 5m of freestyle breathing to the side & 5m backstroke. Lessons will focus on building distance & stroke development.
- _____ Children who can swim 25m without pause and show effective freestyle, with breathing & backstroke.

PLEASE LIST ANY DAY YOUR CHILD CAN NOT ATTEND

MONDAY	<input type="checkbox"/>	THURSDAY	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	FRIDAY	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>		

Your Child will need to have their own goggles and Girls preferably have hair ties or swim cap

AMOUNT DUE	DATE OF ENROLMENT _____
BOOKING MADE _____	

Names of other Children enrolled with Aqua Swim School

NAME _____ D.O.B _____ NAME _____ D.O.B _____

NAME _____ D.O.B _____ NAME _____ D.O.B _____