



# Spring Enrolment Form 2012

Aqua Stars - Parent & Child classes

Starfish Swim School - Learn to Swim classes

Classes commence January 9 and conclude June 9

Registration to be returned by December 10, 2011

Forms are still accepted after this date however placements can be limited.

### MEMBER DETAILS:

Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ *please print clearly*  
 Phone (H/P): \_\_\_\_\_ (H): \_\_\_\_\_ (W): \_\_\_\_\_

An email will be sent on December 16 to confirm actual lesson day and time

**Members may nominate to attend a second lesson per week**

### SWIMMER ONE DETAILS:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F School: \_\_\_\_\_  
 ( DD / MM / YY )

Can this swimmer swim before 4 p.m.?  
Yes / No

**MEDICAL INFORMATION:**  Asthma  Epilepsy  Diabetes  Disability \_\_\_\_\_  
 Allergy / Special Considerations \_\_\_\_\_

**CLASS DETAILS:** **Assessment Level/Certificate Level:** \_\_\_\_\_ Instructor Preference: \_\_\_\_\_ Start Date \_\_\_\_\_

Preference Order	Nominate this as the 1 <sup>st</sup> or only lesson per week	
	Day	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

Preference Order	Nominate a 2 <sup>nd</sup> lesson per week
	Day Only
1 <sup>st</sup>	
2 <sup>nd</sup>	
3 <sup>rd</sup>	

### SWIMMER TWO DETAILS:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F School: \_\_\_\_\_  
 ( DD / MM / YY )

Can this swimmer swim before 4 p.m.?  
Yes / No

**MEDICAL INFORMATION:**  Asthma  Epilepsy  Diabetes  Disability \_\_\_\_\_  
 Allergy / Special Considerations \_\_\_\_\_

**CLASS DETAILS:** **Assessment Level/Certificate Level:** \_\_\_\_\_ Instructor Preference: \_\_\_\_\_ Start Date \_\_\_\_\_

Preference Order	Nominate this as the 1 <sup>st</sup> or only lesson per week	
	Day	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

Preference Order	Nominate a 2 <sup>nd</sup> lesson per week
	Day Only
1 <sup>st</sup>	
2 <sup>nd</sup>	
3 <sup>rd</sup>	

### SWIMMER THREE DETAILS:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F School: \_\_\_\_\_  
 ( DD / MM / YY )

Can this swimmer swim before 4 p.m.?  
Yes / No

**MEDICAL INFORMATION:**  Asthma  Epilepsy  Diabetes  Disability \_\_\_\_\_  
 Allergy / Special Considerations \_\_\_\_\_

**CLASS DETAILS:** **Assessment Level/Certificate Level:** \_\_\_\_\_ Instructor Preference: \_\_\_\_\_ Start Date \_\_\_\_\_

Preference Order	Nominate this as the 1 <sup>st</sup> or only lesson per week	
	Day	Time
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

Preference Order	Nominate a 2 <sup>nd</sup> lesson per week
	Day Only
1 <sup>st</sup>	
2 <sup>nd</sup>	
3 <sup>rd</sup>	

**ACKNOWLEDGEMENT:** I acknowledge that I have received a copy of, read, understood and will abide by the policies and procedure provided in regards to The American Club Starfish Swim School Program. I understand this enrollment form states preferences only and the Starfish Swim School will issue official class confirmation via **email only on December 16, 2011**. I understand that if I have nominated a 2<sup>nd</sup> class that it may be permanently cancelled 24hr before the class as Members wanting only one lesson per week will take precedent over those attempting to get into a second class.

**Liability Waiver:** The American Club, the General Committee, and their representatives are not liable for any death, injury, damage, or loss suffered while on The Club premises. The undersigned hereby undertakes to indemnify The American Club, the General committee, and their representatives against all claims brought against them arising out of death, injury, damage, or loss suffered if medical attention by a Medical Professional is refused. This includes all subsequent costs and expenses incurred by the person as a result of the said incident.

**Signature of Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:** Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Assessment by: \_\_\_\_\_  
 Class confirmed  OR Waitlist  Member informed Email  Date \_\_\_\_\_ Returned Confirmation  Date \_\_\_\_\_

**Please find attached:  
 The Lesson schedule and  
 Starfish Swim school  
 Policies and Procedures**

- Medical Certificates **must** be provided to avoid charges
- No makeup lessons
- Two weeks cancellation policy