



1441 MAIN RD, ELTHAM (Near Kalbar Rd)  
PO Box 1203, RESEARCH 3095  
www.elthamswim.com.au  
enquiries@elthamswim.com.au

# ENROLMENT FORM 2010

## FAMILY DETAILS

(providing these details accurately greatly assists us with notification)

Family Name ..... Phone ..... Mobile .....

Address ..... Suburb ..... Postcode.....

Parent/s first names (optional) .....

Email (please write clearly or type) .....  
(we would like to greatly reduce our paper usage. Giving us your email address means we can keep you informed of dates, special events, newsletters etc)

ONLY FOR NEW CHILDREN

ONLY FOR NEW CHILDREN

Children's' Names	Date of Birth	Standard (a,b,c,d,e,f or g)	Day /Time / Teacher preference
1.....	/ / /	<input type="text"/>	.....
2.....	/ / /	<input type="text"/>	.....
3.....	/ / /	<input type="text"/>	.....
4.....	/ / /	<input type="text"/>	.....

STANDARDS CODE	
<b>A</b>	Nervous beginner
<b>B</b>	Confident beginner
<b>C</b>	Attempts stroke
<b>D</b>	Swim 5 metres
<b>E</b>	Swim 10 metres
<b>F</b>	Swim 25 metres
<b>G</b>	Advanced swimmer

## MEDICAL / OTHER CONDITIONS

Please note any medical or other conditions of which we should be aware.

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A Parent / Guardian is expected to be present at the swimming school whilst your children are attending. In the event that a parent / guardian is not present, I authorize Eltham Swimming School Management to obtain any medical treatment as is deemed necessary. Should you not agree, a parent / guardian must always be present whilst the children are in attendance.

Signed (if emailing this form please type name and date) ..... Date / /

Photo/ Video We take photographs & video at our centre for, encouragement of the children, internal training, and promotion.

Please sign below if you do not object to your children being included in photos or video .

Signed (if emailing this form please type name and date) ..... Date / /

