



Bilgoman Swim School Registration 2023/2024

****Please print clearly****

Childs Name: _____ DOB: _____ Stage: _____

Childs Name: _____ DOB: _____ Stage: _____

Childs Name: _____ DOB: _____ Stage: _____

Parents Name: _____

Address: _____

Phone: _____ Mob: _____

Email: _____

Please select preferred Series, Time and Days

Series:	Time:	Days required:
1	3.35 – 4.05	Mon / Wed
2	4.10 – 4.40	Tues / Thurs
3	4.45 – 5.15	
4		

Please list any medical conditions / allergies we need to be aware of that may affect your child's safety:

I acknowledge and agree to the Terms and Conditions of the Bilgoman Aquatic Swim School and understand that I am accessing the facility entirely at my own risk.

Signed: _____

No refund after 2 lessons. \$32 Administration fee applies to all refunds

No child under 12 years old to be left without a parent / guardian

OFFICE ONLY - ENROLMENT CONFIRMATION

AMOUNT TO BE PAID: \$ _____

DAYS: _____ TIME ALLOCATED: _____

CO-ORDINATORS SIGNATURE: _____ ATTACH RECEIPT