

**Parent / Guardian details:**

Name

Address

Suburb

Home phone

Mobile

Email

Preferred contact: SMS / email / phone

**Swimmer details:**

	First	Surname	M/F	Date of Birth	Swim Level
Swimmer 1					
Swimmer 2					
Swimmer 3					
Swimmer 4					

**Medical details:**

Do any of the swimmers have any condition which may affect their involvement in the program? (allergies, physical disability, diabetes, epilepsy etc)

**Swimming history:**

Have the swimmers had lessons with Healthglo in the past? YES / NO

If "NO" – note previous experience

Class Preference			Wonder / Courage	Active (4-12yrs)	Stroke Dev.
	Day	Time			
1 <sup>st</sup> pref			<b>Infant program 8 Weeks</b>	<b>Junior Program 8 Weeks</b>	<b>1 Hour session 8 Weeks</b>
2 <sup>nd</sup> pref			<b>Cost per term \$128.00</b>	<b>Cost per term \$120.00</b>	<b>Cost per term \$144.00</b>
3 <sup>rd</sup> pref			<b>Or \$18 per class</b>	<b>Or \$17 per class</b>	<b>Or \$20 per class</b>

**Please note: Session days and times are subject to change depending on class numbers**

**Payment details**

Payment option:                      Visa                      Mastercard                      American Express                      Cheque      Cash / Eftpos

Card Number:

Expiry:      CCV:

Cardholders name:

Signature:

**Total payment: \$ \_\_\_\_\_**

**PAYMENT IS REQUIRED IN FULL OR VIA A PAYMENT PLAN PRIOR TO COMMENCEMENT. INFORMATION ON THE REVERSE SIDE MUST BE READ, COMPLETED AND SIGNED BEFORE ENROLMENT WILL BE ACCEPTED.**



### **Photographs**

Healthglo may take photographs of participants during the course of the swimming term. With your consent, the photo's may be used in publications regarding our centre and it's swimming programs. We therefore seek your written consent to use any photographs taken in all forms of media for promotion of our facility.

**PLEASE INDICATE YOUR WISHES BELOW:** (circle applicable choice)

**I DO / DO NOT** give permission for photographs featuring my child/children being used for the above purposes.

### **Information Retention**

Healthglo may retain enrolment information and from time to time use it to inform participants of any future programs that we believe may interest or be of benefit to the participants listed on the enrolment form.

### **Terms and Conditions of Enrolment**

**1) Payment of Fees:** All fees must be paid in full prior to the commencement of the swimming term or prior to a private lesson.

**2) Missed Classes:** In order to maintain the highest quality of instruction for all participants, Healthglo does not offer make-up classes for missed sessions. Where multiple sessions are missed due to prolonged illness or injury, we may credit these lessons to your child's enrolment for the next swimming term. (*term lessons only*)

**3) Refund Policy:** In the event that a child's place in the program must be cancelled due to prolonged absence from an illness or injury, the number of lessons remaining at the time of notification may be held as credit for the next swimming term. The decision to credit lessons is at the discretion of Healthglo Management. (*term lessons only*)

Refunds or Credits will not be given to those choosing not to complete any or all of the swim term enrolled. Please note this statement does not waive the participants statutory consumer rights as determined by the Office of Fair Trading and Small Business.

**4) Lesson Cancellation:** All private lesson cancellations require at least 12 hours' notice. Failure to give this notice will incur a cancellation fee of \$30.00.

### **Authorisation**

- I/we have read through this form in full before signing.
- By signing, I agree to be bound by the terms and conditions of the service and payment authority

Guardian Signature X

Date:

**Confirmation of your child's enrolment will be made via phone, email or sms.**

**Class times will be allocated subject to availability.**

**Healthglo, 8 Uplands Place, Burnie**

**Ph: 0364314708    Mobile: 0417107677    email: enquiries@healthglo.com.au**