



Private Learn to Swim

2025 Term Enrolments

Parent / Guardian details:

Name _____

Address _____

Suburb _____

Home phone _____

Mobile _____

Email _____

Preferred method of contact:

SMS

email

phone

Swimmer details:

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

Medical details:

Do any of the swimmers have any condition which may affect their involvement in the program? YES NO
(allergies, physical disability, diabetes, epilepsy etc)

Swimming history:

Have the swimmers had lessons with Healthglo in the past? (If "NO" – note previous experience)

Preferences	Day	Time	School Terms		
1 st pref			Term 1 17 Feb – 12 April (8wks)	Session Fee	
2 nd pref			Term 2 28 April – 5 July (10wks)	1 Swimmer	\$38
3 rd pref			Term 3 21 July – 27 Sept (10wks)	2 Swimmers	\$44
4 th pref			Term 4 13 Oct – 13 Dec (9wks)	3 Swimmers	\$50
School Holidays incur single session fee					

Learn to Swim Terms and Conditions

The full terms and conditions for the learn to swim lessons can be found on our website or in print at reception.

Information Retention

All information gathered and images taken are maintained in accordance with Healthglo's Privacy Policy.

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.

Payment Details

Direct Debit request	I _____ request and authorise Healthglo Fitness and Leisure, through its 3 rd party direct debit agent, to debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to Healthglo, subject to the terms and conditions of the Direct Debit Request Service Agreement.
Enter details here if your preference is from a cheque or savings account.	CHEQUE OR SAVINGS details Name of Financial Institution _____ Branch of Financial Institution _____ Name of Account Holder(s): _____ BSB: _____ Account Number: _____
Enter details here if your preference is from a credit card account.	CREDIT CARD details VISA MASTERCARD AMERICAN EXPRESS Name on Card _____ CVC: _____ Card number: _____ Card Expiry: _____
Debit detail	Fortnightly Debit value \$ _____ (Ongoing debit until notified to cancel)
Direct Debit Provider	Direct debit services are supplied by Payrix Australia Pty Ltd ABN 63 135 196 397
State	Tasmania
Special Conditions	<i>Debits for private lessons occur prior to the first lesson and then each Friday of the week prior to the next lesson. All payments are to be made in advance of the lesson.</i> Cancellation of a lesson must be made at least 12 hours prior otherwise a cancellation fee of \$30 will be debited from the above authorised account. <i>Private lessons are for each school term unless otherwise stated at the time of booking.</i> <i>All payments are for scheduled appointments.</i>

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