



VACSWIM Enrolment Form

Enrolment forms must be returned via email to: innovativeleisuremanagement@outlook.com

Contact Person:

Name: _____ Mob #: _____

Email Address: _____

Centre:

- Millicent Swimming Lake:** Monday December 14th to Friday December 18th
- Penola Swimming Pool:** Monday January 4th to Friday January 8th
- Nangwarry Swimming Pool:** Monday January 11th to Friday January 15th

Preferred Time (Please Circle): **9:00am** **10:05am** **11:10am**

Student Information:

*In the spaces provided below please list the personal details required. List their current level in the **Swim and Survive Program** (the normal program taught at Vacswim) OR give a brief description of their overall swimming ability &/or stroke ability, e.g. strong freestyle, but basic breaststroke (The more information the better). Please also list any medical conditions that any of the children have, or any learning difficulties that may decrease their ability to understand verbal instructions.*

Name: _____ D.O.B.: _____ Male/ Female

Current Swim and Survive Level: ____ OR Swimming Ability: _____

Name: _____ D.O.B.: _____ Male/ Female

Current Swim and Survive Level: ____ OR Swimming Ability: _____

Name: _____ D.O.B.: _____ Male/ Female

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Name: _____ D.O.B.: _____ Male/ Female

Current Swim and Survive Level: ____ OR Swimming Ability: _____

