

| Parent/Client Information | | | | Medical Information | | |
|--|--------------------------------|--------------------------------|-------------------------------|---|--------------------|--|
| Surname | | | | | Student/ Client | |
| First Name | | | | Asthma | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Address | | | | ADD | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Home Phone | | | | Diabetes | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Mobile | | | | Epilepsy | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Partner Name and Mobile | | | | Hearing Problems | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Email | | | | Heart Complaint | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Contact By | Phone <input type="checkbox"/> | Email <input type="checkbox"/> | Mail <input type="checkbox"/> | Vision Problems | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Child Information | | | | Other | | |
| Surname | | DOB | M/F | Allergies | | |
| First Name | 1st | | | Medication | | |
| child | 2nd | | | Emergency Contact | | |
| child | 3rd | | | Surname | | |
| child | 4th | | | First Name | | |
| Declaration | | | | Relation to you | | |
| <p>I _____ (parent/guardian) Declare that the information I have given is true and correct to the best of my knowledge.</p> <p>I understand exercise is not without some risks and known dangers. I understand and accept these risks and dangers and I voluntarily elect my child/children to become involved in the NAC Swim Program.</p> <p>I hereby release the Noosa Aquatic Centre and Noosa Council from any liability now or in the future, including all of the above but not limited to, any injury incurred during or after participation in the swim program.</p> <p>I hereby authorize the staff of the centre to administer first aid and/or organize medical/hospital treatment as they see necessary, at my expense.</p> <p>I declare that the above stated person is physically fit to participate in swimming lessons.</p> | | | | Mobile/ Other | | |
| SIGNATURE: _____ | | | | Health Regulations | | |
| DATE: _____ | | | | <p>The Queensland Health Code of Practice for the control of Cryptosporidium and Giardia in swimming pools recommends that any person who has, or has had diarrhea in the past 14 days, should NOT enter a swimming pool. Please refer to our makeup policy on the back of this form, regarding makeups.</p> <p>All infants under the age of 3 years are required to wear a Swim Nappy when in our pools.</p> | | |

LEARN TO SWIM TERMS & CONDITIONS

CLASS PAYMENT:

Fees paid monthly in advance by Automatic Payment on the 1st day of each month, from your nominated bank account or credit card.

Monthly automatic payment amounts vary based on the number of lessons each month. We do not charge for public holidays. The NAC will not be responsible for any dishonour fees/bank charges incurred when money is not available or incorrect information is provided. If there are insufficient funds in your account to meet a debit payment, you must arrange for the debit payment to be made by another method by an agreed time. You will also be charged a Direct Debit rejection fee.

CLASS BOOKING:

Your class booking is **automatically rolled over each term**, which secures your booking year round.

CANCELLATION POLICY:

If you wish to cancel a booking and stop automatic payments, **we require four weeks' notice** by completing and signing a Cancellation Form.

MAKE-UP POLICY

Make-up lessons are subject to availability and to the following conditions:

- * We allow **two** make-up lessons per term per child, as long as we are **notified at least 2 hours prior to lesson time**.
- * All make-up lessons must be arranged before the end of term and **may not be carried over to the next term**.
- * We do not give credits/refunds for any missed lessons.
- * We do not guarantee make up lessons will be available on the day/time you request.
- * **If you do not attend a booked makeup lesson you will not be entitled to another one.**

REFUNDS

Fees are not refundable, however we understand that sometimes unavoidable circumstances occur. Each situation will be considered on a case by case basis in accordance with our policies. Refund requests must be provided in writing.

ADMITTANCE

On entry to the Centre provide the Receptionist with your child's name for lessons so that their attendance can be entered into our system. **Children under 10 years of age must be accompanied and supervised by a parent/guardian over the age of 16 yrs at all times.** After the lesson your child may stay and swim. However, if the accompanying adult/s or siblings wish to use the facilities, normal entry fees will be charged.

CLASS CONSOLIDATION & CHANGE OF TEACHERS

The NAC reserves the right to consolidate classes as necessary for the successful running of the program. We understand that some of our students/parents may become fond of a particular teacher. We will always try our best to respond to your requests however we cannot guarantee a teacher and we reserve the right to make changes if required. Decisions regarding classes and teachers will be determined based on student numbers in each class.

HOLIDAY INTENSIVE PROGRAM:

Holiday Intensive Programs will be offered during school holiday periods and full upfront payment is required at the time of booking.

I, the undersigned, have read, understood and will abide by the Terms and Conditions. I acknowledge that by signing this form, I am giving my consent for any future changes to the Learn to Swim program I enrol / enrolled my child/ children in. I understand that class times are not guaranteed and may be changed at the discretion of management.

Signed: _____ Date: _____

On occasion video footage or photos are taken of the Learn to Swim program to be used for: a) staff training b) in-house television monitor display c) in-house newsletters and display boards. We will seek your additional consent if we would like to use these images for out of centre advertising.

I do/I do not (please circle) give my consent for images of myself/my children to be used for the purposes explained above.

Signed: _____ Date: _____