

**1. Participant Details**

<b>Surname:</b> .....	<b>Surname:</b> .....	<b>Surname:</b> .....
<b>Given name:</b> .....	<b>Given name:</b> .....	<b>Given name:</b> .....
<b>DOB:</b> .....	<b>DOB:</b> .....	<b>DOB:</b> .....
<b>Please circle:</b> Male      Female	<b>Please circle:</b> Male      Female	<b>Please circle:</b> Male      Female
Private 15min OR 30min      GROUP	Private 15min OR 30 min      GROUP	Private 15 min OR 30min      GROUP
Preferred Day/Time:      Level:	Preferred Day/Time:      Level:	Preferred Day/Time:      Level:

**2. Contact Details**

**Parent/Guardian Name (1):** ..... **Mobile number:** .....

**Parent/Guardian Name (2):** ..... **Mobile number:** .....

**Address:** ..... **Suburb:** ..... **Postcode:** .....

**Home Phone:** ..... **Work Phone:** .....

**Email:** .....

**Communication Consent (swim school related purposes only):**     Yes  Email  Phone  SMS  Mail  No

**3. Emergency Contact (other than parent/guardian)**

**Name:** ..... **Relationship:** .....

**Home Phone:** ..... **Mobile number:** .....

**4. Consent**

I hereby consent for myself/children, as listed, to attend the above program at the Goulburn Aquatic and Leisure Centre. I acknowledge that completion of this enrolment form is a commitment to a full program of lessons and I am willing to pay for all lessons including any days when the applicant is absent.  
I hereby consent to Goulburn Mulwaree Council collecting the health information as set out above.  
I have read and understand the Terms and Conditions of entry and I am aware that failure to adhere to these conditions may result in my enrolment being suspended.

I consent to my child/rens photo or video being captured during the program/s for education and promotional purposes.      YES       NO

**Name:** ..... **Signature:** ..... **Date:** .....

(By applicant or parent/guardian if under 18)

**For more information, please contact:**

Council collects personal and health information that is directly related to Council's functions and activities. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) and the Health Records and Information Privacy Act 2002 (HRIP) to collect, maintain & use your personal information in accordance with the Privacy and Health Principles & other relevant requirements of the PPIPA and HRIP. For further information or clarification please contact Council's Privacy Officer on 4823 4444 or refer to Council's Privacy Management Policy at [www.goulburn.nsw.gov.au](http://www.goulburn.nsw.gov.au)

Phone: Goulburn Aquatic and Leisure Centre (02) 4823 4860

Email: [Itswim@goulburn.nsw.gov.au](mailto:Itswim@goulburn.nsw.gov.au)

**Office use only**

Date Application Received:

Payment Received:

File reference:

Booking Processed:



## Goulburn Aquatic and Leisure Centre Swim School Medical Questionnaire

### Medical Questionnaire

First Name: ..... Last Name: .....

Have you ever suffered, or do you currently suffer, from any of the following?

	Yes	No		Yes	No		Yes	No
Autism	<input type="checkbox"/>	<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>	Vision difficulties	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Any heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Ear/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Liver/kidney condition	<input type="checkbox"/>	<input type="checkbox"/>	Allergies/Asthma	<input type="checkbox"/>	<input type="checkbox"/>
A hernia	<input type="checkbox"/>	<input type="checkbox"/>	Infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	Muscular pain/cramps	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Major injuries	<input type="checkbox"/>	<input type="checkbox"/>	Regular headaches	<input type="checkbox"/>	<input type="checkbox"/>
Muscular	<input type="checkbox"/>	<input type="checkbox"/>	Heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural	<input type="checkbox"/>	<input type="checkbox"/>				Other: _____		

Do you have any other pre-existing injuries or medical conditions that may make it dangerous for you to participate in physical activity/exercise? .....

Please give details of conditions: .....

If you answered 'Yes' to any of the questions above we recommend that you visit your GP and obtain a medical clearance before participating in any physical activities.

Please note the following:

- I acknowledge that the activities I undertake at the Goulburn Aquatic and Leisure Centre carry certain risks to my health.
- I recognise that GALC staff are not able to provide medical advice regarding my health and fitness and that the information provided above is used only as a guide to determine the limitations of my ability to exercise.

Name: ..... Signature: ..... Date: .....

(By applicant or parent/guardian if under 18)

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#### Office use only

Date Questionnaire Received:

File reference:

Note: This form must be returned filled in for each child to enable enrolment to be actioned

## **GALC Swim School Terms and Conditions**

### **Payments**

Payment options include upfront and direct debit. For upfront payments, full term payment is required within 48hrs of confirmation of lesson. If the amount is not paid before the term starts the spot will be forfeited.

Upfront payments may be made by cash, EFTPOS or credit card.

Lessons cannot be held or reserved without payment.

Confirmation of payment commits to acceptance of GALC Swim School terms and conditions.

### **Direct Debit**

Direct Debit payments are deducted fortnightly.

Direct Debt payment option is perpetual until cancelled. Cancellations may be completed in the last week of the term. A Direct Debit booking is for a full term and requires full commitment/payment for the term. Cancellations requested during the term may be considered by management for certain circumstances and a medical certificate will be requested for all requests to cancel on medical terms.

Two missed direct debit payments will result in a class suspension and full payment of outstanding will be required to continue lessons.

### **Credit Requests**

Credits are considered for medical reasons, cancelled class or unplanned pool closures. A medical certificate is required to apply credit for medical withdrawals.

### **Cancellation Policy**

If you unable to commit to the entire term a cancellation form must be completed and returned before the commencement of the designated term.

Cancellations during the term will be considered by management on a case to case basis. Cancellations for medical reasons will require a medical certificate.

Position in class for the proposed period in which the applicant will be absent will be forfeited.

### **Missed Lessons**

One make-up lesson will be available per child in any given term. Makeup lessons are subject to management approval and will be assessed on a case by case basis. Considerations will be taken into account for travel and/or medical reasons. A medical certificate may be requested for any medical reasons. Make-up lessons will be conducted in the first week of the school holiday's directly following the term. If you are unable to attend during this time the make-up lesson will be forfeited.

Make-up lessons will not carry over into the following term.

### **General Terms and Conditions**

#### **Registrations**

Enrolments forms must be entirely completed to be enrolled.

Bookings are term based and lessons will not operate on public holidays. Students will not be charged for lessons that would have fallen on these days.

No casual visits will be offered as bookings are term based only.

To ensure we can offer the best service, please ensure that any special needs or learning disabilities are discussed with the instructor prior to the lesson.

A swipe card and ID number will be provided upon successful program enrolment and payment. For lesson entry you must swipe your card at reception.

#### **Waitlists**

If your preferred lesson time is fully booked you can ask to be placed on the waitlist.

If no lesson in a particular level is available for your preferred time slot you can ask to be put on the waitlist.

Following notification of a position opening, acceptance is required within 24 hours. The position will be forfeited any time after this.

Please notify the GALC if you no longer require your position on the waitlist.

#### **Assessments and Promotions**

Swim School staff will notify students of level promotion. Promotions are in accordance with skill set completion as outline in the GALC Swim School level progression chart.

To avoid any class disruption, please refrain from approaching the instructor/s. The deck supervisor or program coordinator will be able to assist with any enquiries or questions regarding student progression.

#### **Safety**

GALC conditions of entry apply to all Swim School programs, including all children under the age 10 years need to be accompanied by an adult.

Class sizes will vary according to skill level and age. GALC operate in accordance with AUSTSWIM guidelines.

Instructors are subject to change without notice and are based on availability/suitability to the program being taught. Consistency will be maintained wherever possible.

Misconduct or bad behaviour will not be tolerated. For the safety and wellbeing of all participants and staff, parents/ guardians and students are required to take direction from the aquatic staff member. Failing to do so may result in the termination of the enrolment within the program.

Management reserve the right to cancel/ re-schedule classes due to low enrolments or any other reason that may impact the operation of the Swim School.

In the event of an emergency, please obey all directions as instructed by the aquatic staff. The safety of our customers is at the forefront of our operation and we appreciate your cooperation in the event of an emergency.

Please note that the terms and conditions are subject to change at any time subject to GALC discretion. In this instance customers will be notified.

Any special requests regarding your child's lesson, needs to be in writing and forwarded to the centre's Program staff.

If you have queries regarding your child's lesson, please speak directly to the centre's program staff. All enquiries are dealt with in a timely manner and feedback is always welcomed.