



# Guildford Grammar School

FOUNDED 1896

## Holiday Learn-to-Swim Enrolment Form

First Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

*(Please provide your **most frequently used email** so that we can notify you of class starting times and other information. If you do not, please ensure you provide ALL other contact numbers required.)*

Medical Conditions \_\_\_\_\_

Medication \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Your child's level \_\_\_\_\_ If unsure of your child's level please email [Brett.Tongue@ggs.wa.edu.au](mailto:Brett.Tongue@ggs.wa.edu.au)

Lessons are 45 minutes in duration for the 5 Days.

Please select 3 preferences for lesson times your child/children would like to attend.

9.00am/9.45am/10.30am/11.15am start times.

*(Students may not get their allocated time due to restrictions on pool space, time and teachers)*

**1st preference** \_\_\_\_\_ **2nd preference** \_\_\_\_\_ **3rd preference** \_\_\_\_\_

### Enrolment Declaration

*I the undersigned, acknowledge that no responsibility is accepted by the organizers, or by its servants or agents, for any loss, damage, death or personal injury howsoever caused out of, or incidental to myself and/or my child's participation in this program. I hereby authorize medical or hospital treatment as they see necessary at my expense. I understand that no refunds will be made unless special circumstances prevail and that a 20% administration cost will be levied on any refund. Requests for refunds must be made in writing to the School with a medical certificate if appropriate.*

SIGNATURE: Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_



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## Holiday Learn-to-Swim Payment Form

Name: \_\_\_\_\_

Please circle which type of class you wish your child to take? (*Payment for sessions is required to be returned with this document.*)

Group Classes \$110

Individual Class \$250 (Stage 1-4 only)

Please find enclosed Cash/Cheque/Credit Card/Direct Debit \$\_\_\_\_\_

Cheques should be made payable to: **“Guildford Grammar School Learn to Swim”**

Bankcard  Visa  MasterCard

Expiry Date: \_\_\_/\_\_\_ Name on card: \_\_\_\_\_ Signature \_\_\_\_\_

Direct Deposit: **BSB: 036 000 Account: 869 683**

***NOTE: Please add your NAME with LTS Term (eg.Hol) on bank deposit  
Please attach remittance slip to enrolment form***

PLEASE SEND TO:  
**Guildford Grammar Learn to Swim  
Brett Tongue Swimming  
11 Terrace Road  
GUILDFORD WA 6935  
OR  
GUILDFORD GRAMMAR PREP SCHOOL RECEPTION  
(Place in an envelope addressed to: Brett Tongue Learn to Swim)**