



Bilgoman Swim School Registration 2021/2022

****Please print clearly****

Childs Name: _____ Age: _____ Stage: _____

Childs Name: _____ Age: _____ Stage: _____

Childs Name: _____ Age: _____ Stage: _____

Parents Name: _____

Address: _____

Phone: _____ Mob: _____

Email: _____

Please tic a preferred Series, Time and Days

Series:	Time:	Days required:
1	3.35 – 4.05	Mon / Wed
2	4.10 – 4.40	Tues / Thurs
3	4.45 – 5.15	

Please list any medical conditions / allergies we need to be aware of that may affect your child's safety:

By signing this form I acknowledge and agree to use Bilgoman Pool entirely at my own risk

Signed: _____

No refund after 2 lessons. \$30 Administration fee applies to all refunds

No child under 12 yrs old to be left without a parent / guardian

OFFICE ONLY:

AMOUNT TO BE PAID

\$ _____

TIME ALLOCATED: _____

TEACHER ALLOCATED: _____

CO-ORDINATORS SIGNATURE: _____

ATTACH RECEIPT