



## Bilgoman Swim School Registration 2020/21

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Stage: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Stage: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

Days required: MON/WED or TUES/THURS

Series : \_\_\_\_\_ Time preferred: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

Signed: \_\_\_\_\_

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

OFFICE ONLY:

AMOUNT TO BE PAID

\$ \_\_\_\_\_

TIME ALLOCATED: \_\_\_\_\_

TEACHER ALLOCATED: \_\_\_\_\_

CO-ORDINATORS SIGNATURE: \_\_\_\_\_

ATTACH RECEIPT