

## STUDENT ENROLMENT FORM

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Student 1: Title:	First Name:	Surname:	Gender: Male / Female
Address:		State:	Postcode:
Email Address:			
Phone No:		Mobile No:	
D.O.B.		Age:	
Student 2: Title:	First Name:	Surname:	
Gender: Male / Female		D.O.B	

**WE REQUIRE THE DETAILS OF AT LEAST ONE PARENT/GUARDIAN IF THE STUDENT IS UNDER 18 YEARS OF AGE WHO WILL TAKE FULL RESPONSIBILITY FOR THE STUDENT AND GUARANTEE PAYMENT. IF STUDENT IS OVER 18, PLEASE PROCEED TO EMERGENCY CONTACTS SECTION BELOW.**

<b>Parent/Guardian Name 1:</b>			<b>Parent/Guardian Name 2:</b>		
Relationship to Student:			Relationship to Student:		
Address:			Address:		
	State:	Postcode:		State:	Postcode:
Home Phone:	Mobile:		Home Phone:	Mobile:	
Email:			Email:		
ID (Driver's Licence, Passport, etc.):			ID (Driver's Licence, Passport, etc.):		
Correspondence to be sent to this Parent/Guardian? YES <input type="checkbox"/>			Correspondence to be sent to this Parent/Guardian? YES <input type="checkbox"/>		
<b>EMERGENCY CONTACT DETAILS:</b> <i>please provide the contact details of a family member (or friend) whom we may contact in an emergency.</i>					
Name:			Name:		
Home Phone:	Mobile:		Home Phone:	Mobile:	
Relationship to Student:			Relationship to Student:		
<b>Medical History</b> – BKSS programmes may involve activities in deep, shallow, or open water, some of which require a reasonable level of fitness.					
Is there any know reason, medical or otherwise, that would limit or restrict your ability to participate in sessions and/or activities?					YES / NO
Do you currently have a medical condition that might limit your physical performance?					YES / NO
If Yes, please provide details of your medical conditions and/or medication including dose and frequency:					
All personal information collected will be kept strictly confidential and only accessed by the swimming instructor. In the interests of your safety in an emergency, BKSS staff and emergency personnel may be given access to relevant information.					

I certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Kymerlee Enterprises Pty Ltd T/A Bubble 'N' Kick Swim School which form part of, and are intended to be read in conjunction with this Student Enrolment Form and agree to be bound by those conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

<b>SIGN (STUDENT 1 (18+) or PARENT/GUARDIAN 1)</b>	<b>SIGN (PARENT/GUARDIAN 2)</b>
Date: _____	Date: _____
Name: _____	Name: _____
ID: _____ Date of Birth: _____ (Driver's Licence, Passport, etc.)	ID: _____ Date of Birth: _____ (Driver's Licence, Passport, etc.)

### GUARANTEE

If I execute this Contract as the person responsible for payment on behalf of the Student/Parent(s)/Guardian(s), I guarantee the due and punctual payment of all monies payable under this Contract. This Guarantee and Indemnity shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and effect until the whole of moneys owing to Kymerlee Enterprises Pty Ltd T/A Bubble 'N' Kick Swim School by the Student/Parent(s)/Guardian(s) and all obligations herein have been fully paid satisfied and performed.

#### GUARANTOR'S DETAILS (if required):

SIGNED: \_\_\_\_\_ Full Name: \_\_\_\_\_

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

ID: \_\_\_\_\_ (Driver's Licence, Passport, etc.) Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGN (BKSS):**

SIGNED: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY				
Ref. No.	POLICIES & PROCEDURES SIGNED	DATA INPUTTED	STAFF	DATE
				/ /

