

# Trinity Aquatic Centre

TrinSwim Learn to Swim

Trinity Lismore Swimming Club

## TrinSwim Learn to Swim Application Form

*Note: Separate applications are required for each child*

### Student Information

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Gender: (circle one): Male / Female

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

School: \_\_\_\_\_

### Parent (or Responsible Person) Information

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Title (circle one) Mr Mrs Miss Ms Master (or fill in other) \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

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

Payment Method: Cheque  Cash  Credit Card

Credit Card # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Security Code

### Student Medical Information

Please provide any necessary medical information about the child who is enrolling for Learn To Swim:

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

Any other information that you would like to provide?

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

*(If this is insufficient space, please attach a separate sheet to this application form.)*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent/Responsible Person)

# Office Use Only

## Term 1

OFFICE USE System ID: \_\_\_\_\_ Date entered into system: \_\_\_\_/\_\_\_\_/\_\_\_\_  
By (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Level: 1  2  3  4  Class:  / 1:1  Instructor: \_\_\_\_\_  
DEPOSIT PAID  BALANCE PAID  PAID IN FULL   
Payment by special arrangement:

## Term 2

OFFICE USE System ID: \_\_\_\_\_ Date entered into system: \_\_\_\_/\_\_\_\_/\_\_\_\_  
By (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Level: 1  2  3  4  Class:  / 1:1  Instructor: \_\_\_\_\_  
DEPOSIT PAID  BALANCE PAID  PAID IN FULL   
Payment by special arrangement:

## Term 3

OFFICE USE System ID: \_\_\_\_\_ Date entered into system: \_\_\_\_/\_\_\_\_/\_\_\_\_  
By (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Level: 1  2  3  4  Class:  / 1:1  Instructor: \_\_\_\_\_  
DEPOSIT PAID  BALANCE PAID  PAID IN FULL   
Payment by special arrangement:

## Term 4

OFFICE USE System ID: \_\_\_\_\_ Date entered into system: \_\_\_\_/\_\_\_\_/\_\_\_\_  
By (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Level: 1  2  3  4  Class:  / 1:1  Instructor: \_\_\_\_\_  
DEPOSIT PAID  BALANCE PAID  PAID IN FULL   
Payment by special arrangement: