

**Dear Students/Caregivers,**

On behalf of Belgravia Leisure we are delighted to welcome you back to Salisbury Recreation Precinct. After a tumultuous end to last season we have been working hard in the background to ensure a safe and enjoyable summer season for all. We would like to thank you for your patience and continued support and look forward to the 2020/2021 Swimming and Water Safety Program (SAWS).

Please have a read through the information below and if you have any questions feel free to email us at [salisburyrp@belgravialeisure.com.au](mailto:salisburyrp@belgravialeisure.com.au)

**Swim School Information:**

All lessons are 30 minutes and will be held on the following days

Monday	4.00pm – 6.00pm
Tuesday	4.00pm – 6.00pm
Wednesday	4.00pm – 6.00pm
Thursday	4.00pm – 6.00pm
Sunday	9.30am – 12.30pm

**Classes will be run from the 12<sup>th</sup> October 2020 to 11<sup>th</sup> April 2021, with the exception of the 2 week Christmas break. (21<sup>st</sup> December 2020 – 3<sup>rd</sup> January 2021)**

**Payment Options:**

Weekly Direct Debit	\$15.00 per week	Weekly payments only.
Full term payment	See chart for details	12 <sup>th</sup> October – 20 <sup>th</sup> December (10 weeks) \$150.00 4 <sup>th</sup> January – 11 <sup>th</sup> April (14 weeks) \$210.00

Each child will pay and additional administration fee of \$20.00 per season. **This is a once off payment per season.**

Both payment options allow the child to access the centre free of charge outside their lesson times for the duration the swim blocks. Third and subsequent children enrolled from the same family will receive a 10% discount for their swim lessons.

If you have not yet used your \$100 government allocated sports voucher for the year 2020 we are able to claim this voucher on your behalf. This voucher can only be used once per calendar year at an eligible sporting institute of your choice.

**What to do now:**

Please fill-in the relevant attached enrolment forms and send to:

**[salisburyrp@belgravialeisure.com.au](mailto:salisburyrp@belgravialeisure.com.au) Or PO Box 772, Salisbury, SA 5108**

Once we receive your information we will either call or email to allocate arrange a session time and level which is suitable for you.

We look forward to seeing you soon!

Kind Regards

**Sarah McEwen**

Manager, Salisbury Recreation Precinct  
Phone: 08 8286 0900

**CONTACT INFORMATION:**

*(Please check details listed below very carefully and correct any information)*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F  
 Street Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**FEE STRUCTURE:**

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Each student will pay and additional administration fee of \$20.00 per season. **This is a once off payment per season.** Both payment options allow the child to access the centre free of charge outside their lesson times for the duration the swim blocks. Third and subsequent children enrolled from the same family will receive a 10% discount for their swim lessons.

I would like to pay (REQUIRED\*):  Direct Debit  Full term payment

\*Payment in full or direct debit details are required prior to beginning lessons. Until payment is taken we are unable to secure your booking.

Are you re-enrolling your child? (please tick)  Yes  No

Please indicate your preferred day(s):

- Monday
- Tuesday
- Wednesday
- Thursday
- Sunday

*Every effort will be made to accommodate preferences; however popular times fill up quickly. Please ensure you book your child in ASAP to avoid missing out. Make up lessons are available (maximum 2 in first term and 3 in the second term). Terms and conditions apply.*

## MEDICAL INFORMATION

We are aware you may be watching with your child during the class, however this information is for the teacher to be aware of any medical conditions, which may affect your child's participation.

Does your child have any of the following medical conditions?	Childs Name:	Childs Name:	Childs Name:	Childs Name:
<b>Allergy</b> (e.g. bee-sting allergy)	Yes / No	Yes / No	Yes / No	Yes / No
<b>Breathing Disorder</b> (e.g. asthma)	Yes / No	Yes / No	Yes / No	Yes / No
<b>Ear disorder</b> (e.g. Drainage tubes or deafness)	Yes / No	Yes / No	Yes / No	Yes / No
<b>Epilepsy</b> (mild or severe)	Yes / No	Yes / No	Yes / No	Yes / No
<b>Fainting / Dizzy spells</b>	Yes / No	Yes / No	Yes / No	Yes / No
<b>Other relevant information</b>	Yes / No	Yes / No	Yes / No	Yes / No

**Please bring any required medications with you and provide extra information where applicable:**

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I, *give / don't give* (please circle) my permission for photo's/ images of myself or my child/children taken as part of Belgravia Leisure activities to be used by the Belgravia Leisure for use in brochures, newsletters, internet or other promotional material.

I am happy to receive promotional material from the Belgravia Leisure

**Disclaimer:**

As parent/guardian of this child, I give my consent for him/her to participate in swimming activities and agree to the delegation of authority to the instructors involved. Such supervisors/instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students, as a group and individually. I understand that no refunds will be made unless special circumstances prevail. I, the undersigned, acknowledge that no responsibility is accepted by the organisers, or by its contractors, for any loss, damage, death or personal injury howsoever caused, arising out of, or incidental to, me and/or my child's participation in this program. If this child requires medical treatment as a result of an emergency or accident, then I undertake to meet all the costs involved including ambulance as considered necessary by those in authority. In complying with State Health Regulations we ask that you remove yourself or your child from any of our activities/programs if you or your child is at risk of any contaminative diseases.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Lesson Allocation:

Childs Name	Day	Time	Level	DD or PIF

## Skill Level

Whether a new or returning student, we would appreciate if you could fill out this skill checklist below to help us find the perfect level for your swimming ability. **Please tick all that are applicable. If unsure leave blank.**

<b>Insert Student Name:</b>				
Was this student enrolled with us last season				
If yes, has this student continued swimming throughout the break?				
Student can put face in the water				
Student can float on their back				
Student can perform a torpedo / push and glide				
Student can swim to the edge without a flotation aid (5m)				
Student can swim to the first flags (10m)				
Student can do freestyle arms and breathing (bubble, bubble, breath)				
Student can do backstroke arms				
Student can perform survival backstroke (frog kick on back)				
Student can perform breaststroke (frog kick on front)				
Student can perform butterfly stroke				
Student can swim 25m confidently				
Student can swim 50m confidently				

## Debit Success

If you have chosen the option of 'Debit Success' instead of 'Pay in Full' for the season please fill out the following details.

- I have chosen to have direct debit weekly payments of taken from my account of choice.
- I understand that there is a once off \$20 admin fee which will come out with the first payment.
- I understand that if I wish to cancel my child's lessons and direct debit I am required to give two weeks' notice.
- I acknowledge if I would like to suspend my student lessons and account for a max of two weeks there is a \$5 holding fee to secure my place in the class.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

Weekly fee: \$15

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Weekly fee: \$13.50

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

Weekly fee: \$13.50

Date of first payment: \_\_\_\_\_

Full Name of Account Holder: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

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

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

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

## Bank Account/Building or Credit Union

Account name:

BSB Number:

Account Number:



**OR**

## Pay via credit card

Name on card:

Credit card number:

Expiry Date:

Circle: Visa / MCard / Amex

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

Date: \_\_\_\_\_



sportsvouchers.sa.gov.au

## \$100 VOUCHER

ONE VOUCHER FOR EVERY  
PRIMARY SCHOOL AGED CHILD  
PER CALENDAR YEAR

My child is attending or is eligible to attend primary school (Years R-7) in 2020:  Y  N

Child first name: \_\_\_\_\_ Family name: \_\_\_\_\_

Child date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Medicare number:         Ref. no.  OR Australian visa number: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode:     Member of a sport/dance group prior to using voucher:  Y  N

Parent/Guardian first name: \_\_\_\_\_ Family name: \_\_\_\_\_

Contact number: \_\_\_\_\_ I confirm my child has not already claimed a voucher in 2020:


Parent/Guardian Email: \_\_\_\_\_

An email notification may be sent to the above email address (assuming it is correct) advising the authorisation of the voucher used for your child



**Government of South Australia**  
Office for Recreation, Sport and Racing

To be presented at an approved Sports Voucher provider. To find your nearest provider or for more information please visit [www.sportsvouchers.sa.gov.au](http://www.sportsvouchers.sa.gov.au). Not redeemable for cash, only a reduction to membership/registration fees. Redemption value not to exceed \$100.00. In presenting this voucher I give permission to the Sports Voucher provider to share my information with the Office for Recreation, Sport and Racing.



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