

SWIM SCHOOL TERMS AND CONDITIONS

All members are to abide by all the Rules and Regulations of the Ryde-Eastwood Leagues Club.

All members are to abide by Ryde-Eastwood Leagues club Dress Regulations when entering and leaving the Club.

All enrolments for the Fitness Edge Swim School must be current financial members of the Ryde-Eastwood Leagues Club for the duration of their swim lessons.

Children under 18 must have a Parent/Guardian that is a financial member of the Ryde-Eastwood Leagues Club for the duration of their swim lessons.

All children under 18 years of age are not allowed in the Aquatic area unless in a supervised program for safety reasons.

All members must produce a current member's card upon entry into the club.

All lessons from Babies to Adults & Squads are held on a Term basis – Terms generally operate in line with NSW Government School terms.

Pool Entry is included in all Swim School Fees.

Upon Enrolling full fees are due for the term and upon Re-enrolling for a Term, a \$30.00 deposit or full term fees, per enrollment must be paid to secure your position.

No bookings for classes will be confirmed over the phone.

All fees must be paid in full by the first week of each term

All deposits and fees are non-refundable. Fees may be transferred to other members of the family if arrangements are made with the Aquatics Coordinator.

All members will be required to provide proof of immunization for each enrolled child upon enrolling in the Fitness Edge Swim School.

Our Make-up policy: The Fitness Edge Swim School must be given 24 hours notice for sickness or inability to attend classes. If this notice is not given, a Doctors certificate for sickness must be supplied or the lesson is forfeited. There will be no guarantee on times or spaces for makeup lesson. The Make-up lesson/s must be taken within the term. Our Swim School allows a maximum of 2 make-ups only per term and subject to availability. Make-up's DO NOT carry over from term to term.

General Swimmer Information

The Fitness Edge Swim School recommends that all swimmers wear goggles and swim caps for hygiene and comfort reasons.

The Fitness Edge Swim School requests that all parents respect time allocated to all swimmers. All enquiries concerning your swimmer and their class must be directed to the Swim School Office and not the Staff teaching/coaching on pool deck.

While the Fitness Edge provides a Quality Learning Program in a Safe Environment, we take no responsibility for Injuries or Illness occurring while involved in programs within the Fitness Edge Facility.

Child Protection Policy: Ryde-Eastwood Leagues Club is committed to ensuring that the safety, welfare and well being of children is maintained at all times during their participation in activities run by Ryde-Eastwood Leagues Club.

Ryde-Eastwood Leagues Club aims to promote a safe environment for all children and to assist all staff, officials, coaches and volunteers to recognise child abuse and neglect and follow the appropriate notification procedures when reporting alleged abuse.

Photography

From time to time staff or official photographers will be taking photos of the children during their classes for promotional purposes. We are required to obtain permission for these photos to be published. This form acts as a permission slip for this purpose.

Office use only:

Barcode swimmer 1

Barcode swimmer 2

Barcode swimmer 3



**THE FITNESS EDGE
SWIM SCHOOL**

YOUR HEALTH. FITNESS AND AQUATIC CENTRE

Swim School Membership Application Form

Entered on Class by:

Office use only:
Amount Paid

\$.....

Parent/Guardian Surname: _____ **First Names:** _____

Ryde Eastwood Leagues Club Badge Number: _____ **Expiry Date:** _____

Home Address: _____ **Suburb:** _____ **Post Code:** _____

Home Phone Number: _____ **Work:** _____ **Mobile:** _____

Swimmer Details:

1st Swimmer Surname: _____ **First Name:** _____ **Sex :** M / F _____

Date of Birth: _____ **Immunization Sighted (Staff to Sign):** _____

Medical History (Asthma, Grommets, ADHD, Epilepsy etc.): _____

2nd Swimmer Surname: _____ **First Name:** _____ **Sex :** M / F _____

Date of Birth: _____ **Immunization Sighted (Staff to Sign):** _____

Medical History (Asthma, Grommets, ADHD, Epilepsy etc.) : _____

3rd Swimmer Surname: _____ **First Name:** _____ **Sex :** M / F _____

Date of Birth: _____ **Immunization Sighted (Staff to Sign):** _____

Medical History (Asthma, Grommets, ADHD, Epilepsy etc.): _____

4th Swimmer Surname: _____ **First Name:** _____ **Sex :** M / F _____

Date of Birth: _____ **Immunization Sighted (Staff to Sign):** _____

Medical History (Asthma, Grommets, ADHD, Epilepsy etc.): _____

Emergency Contact Name: _____ **Contact Number:** _____

(Other than the person that will normally bring the swimmer to lessons)

I have read and understood The Fitness Edge Swim School Terms and Conditions on the reverse side of this application for membership form.

Signature: _____ **Date:** _____