



Enrolment Form

Student Details

First Name _____ Last Name _____

Date of Birth _____ Last stage successfully completed _____

Medical conditions i.e. asthma, epilepsy, learning disabilities, growth disabilities No Yes

Details _____

Was this student enrolled in the previous program? No Yes

Lesson Details

Program _____ Class _____

Day _____ Time _____ Instructor _____

Parent/ Guardian Details

Student age 18+ Details

First Name _____ Last Name _____

Phone _____ Relation to student _____

Postal Address _____

Town _____ State _____ Post Code _____

Email _____

Are you enrolling more than one student into this program? No Yes

Emergency Contact Details Same as Parent/ Guardian

Emergency Contact Name _____

Emergency Contact Relationship _____ Phone _____

Fee Office to complete section

Program fee _____

Kid Sport contribution - _____

Voucher Code _____

Credit contribution - _____

Promo contribution - _____

Promo Name _____

Balance owed _____

Payment Method EFT Cash Invoice

Receipt # _____ Date paid _____ Staff Initial _____

Disclaimer

By signing this Enrolment Form, you declare that you have been provided a copy, understand and agree to the Manjimup Regional AquaCentre's Terms and Conditions.

Signature _____ Signature Date _____

Would you like to know more about what we have to offer at the Manjimup Regional AquaCentre?

 No

Yes, please email me some more information about:

 Creche Memberships Group Fitness Classes Facility Hire/ Birthday Parties AquaCentre Careers