



Kismet

AQUATIC CENTRE

Enquiry

Student Details

PLEASE SUBMIT ONE ENQUIRY FORM PER STUDENT

NAME _____

DATE OF BIRTH _____

Swimming Experience

HAS THE STUDENT BEEN ENROLLED IN SWIMMING LESSONS PREVIOUSLY? ☐ YES ☐ NO

IS THE STUDENT CONFIDENT IN THE WATER? IE. FAMILIAR WITH WATER, PUT HEAD UNDER ☐ YES ☐ NO

CAN STUDENT SWIM 5M WITH ASSISTANCE OF AN AID? ☐ YES ☐ NO

CAN STUDENT SWIM 5M INDEPENDENTLY? ☐ YES ☐ NO

CAN STUDENT SWIM GREATER THAN 5M NON-STOP WITH ASSISTANCE OF AN AID? ☐ YES ☐ NO

CAN STUDENT SWIM GREATER THAN 5M NON-STOP INDEPENDENTLY? ☐ YES ☐ NO

PROVIDE A BRIEF DESCRIPTION OF SWIMMING ABILITY _____

ARE THERE HEALTH ISSUES/CONCERNS THAT MAY AFFECT THE STUDENTS LESSONS? ☐ YES ☐ NO

IF YES, SPECIFY _____

Availability

PLEASE TICK DAYS/TIMES THAT SUIT

MONDAY ☐ AM ☐ PM

TUESDAY ☐ AM ☐ PM

WEDNESDAY ☐ AM ☐ PM

THURSDAY ☐ AM ☐ PM

FRIDAY ☐ AM ☐ PM

SATURDAY ☐ AM ☐ PM

ADDITIONAL NOTES _____

Parent/Guardian Contact Details

NAME _____

PHONE _____ EMAIL _____

Terms and Conditions

I UNDERSTAND ALL INFORMATION PROVIDED IS COMPLETELY CONFIDENTIAL IN ACCORDANCE WITH THE PROVISIONS OF THE PRIVACY ACT AND IS NECESSARY FOR THE SERVICE TO BE PROVIDED AND WILL NOT BE SHARED

PARENT/GUARDIAN SIGNATURE _____ DATE _____