

FULL NAME:	DOB:
CONTACT DETAILS: Address:	
Postcode: Email:	t your email address clearly so we can keep in contact:
	Work:
Please list any medical conditions/allergies	s/learning disabilities that our instructor needs to be aware of?
Emergency Contact:	
Relationship:	Mobile:
Confidence in the water: Please tick one bo	ox that best that applies to your confidence and ability in the water:
☐ I am not comfortable with my face in the ☐ I am comfortable with my head under th ☐ I am able to float unassisted on my back ☐ I am confident in deep water ☐ I am able to swim 5 metres unassisted ☐ I can swim (any stroke) 25 metres (1 leng ☐ I am looking for stroke correction/swim to	e water gth) in the water
We have two options available, block lessor or a private one on one lesson. Please tick y	ns where you are placed in a group of up to 4 students with one instructor your preference:
☐ Block Lessons: 4 x 30 minute lessons held \$60.00 per person	d once a week for 4 weeks @ 6.45pm (max 4 people in a group)
☐ Private Lesson: One on one - 1x 30 minu	te lesson \$30 per lesson
What is your preferred lesson time? (Times	are arranged around you and instructor availability)
☐ Lunchtimes ☐ Evenings ☐ No prefe	rence
Do we have permission to carry out observa staff training and advertising?	ations and use digital images for the purposes of performance feedback, Yes / No (Please circle)
Signed:	Date:

By enrolling in to the programme you are agreeing to abide by the CBay Learn2Swim Terms and Conditions available on our website at https://www.cbaytimaru.co.nz/learn-2-swim/swim-school-terms-and-conditions