

# FRANKIE FROG SWIM SCHOOL PERSONAL INFORMATION SHEET

_____	_____	M	F
Child's Name	Date of Birth	Sex	
_____	_____	Sex	
Child's Name	Date of Birth	Sex	
_____	_____	Sex	
Child's Name	Date of Birth	Sex	
_____	_____		
Parent's/Guardian's Name	Parent's/Guardian's Name		
_____	_____		
Home Phone	Work Phone	Home Phone	Work Phone
_____	_____	_____	_____
Address	Address		
_____	_____		
Email address	Email address		
_____	_____		
Cell phone:	Cell phone:		
_____	_____		

## Alternative Emergency Contacts

_____	_____	_____	_____
Primary Emergency Contact	Secondary Emergency Contact		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
_____	_____	_____	_____

## Medical and important information

\_\_\_\_\_

Any traumatic water experience by either parent or swimmer

\_\_\_\_\_

Allergies

\_\_\_\_\_

Ear problems

\_\_\_\_\_

Physical or learning difficulties

\_\_\_\_\_

Extra helpful information to pass on tutors to assist learning

\_\_\_\_\_

### FRANKIE FROG SWIM SCHOOL – terms and conditions

1. Fees are due at the start of the term to secure a place
2. If you are not able to meet these requirements, please talk to us.
3. Fees are adjusted according to public holidays and changes in number of weeks per term.
4. No refunds for lessons missed
5. If a lesson is missed through illness, or if you choose to miss a lesson with a conflicting activity or holiday, we cannot be held liable to provide an alternative, as we do not always have spare space. This falls in line with the majority of private schools, evening classes, music, and ballet and swimming schools.

The only exception to the above policy is in the event of a prolonged major illness or operation or broken bone

I hereby give consent for my child/children to attend the swimming program at Frankie Frog Swim School. I understand that Frankie Frog swim School will not be responsible for any accident/loss or injury suffered by my child during the course of the activity

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THE SWIM SCHOOL

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Parent's/Guardian's Signature

\_\_\_\_\_

Date