FRANKIE FROG SWIM SCHOOL PERSONAL INFORMATION SHEET

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Child's Name		Date of Birth		Sex
Child's Name		Date of Birth		Sex
Child's Name		Date of Birth		Sex
Parent's/Guardian's N	Name	Parent's/Guardiar	n's Name	
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
Email address		Email address		
Cell phone:		Cell phone:		
	Alte	rnative Emergency Cont	acts	
Primary Emergency Contact		Secondary Emerg	ency Contact	
()	()	())	
Home Phone	Work Phone	Home Phone	Work Phone	
	Medi	cal and important inform	ation	
Any traumatic water	experience by either parent o	r swimmer		
Allergies			Ear problems	
Physical or learning d	ifficulties			
Extra helpful informati	ion to pass on tutors to assist le	arning		
1. Fees are due at t	SCHOOL – terms and condition the start of the term to secure le to meet these requirements	a place		

- 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