

PLC Aquatic Learn to Swim Program



Presbyterian Ladies' College
MELBOURNE

Please return this application to:

PLC Aquatic Centre

141 Burwood Highway, Burwood, 3125 or Email: learntoswim@plc.vic.edu.au

TERM 1 **TERM 2** **TERM 3** **TERM 4** (please circle)

STUDENT DETAILS

#Child 1

First Name _____ Surname _____ Sex _____

Date of Birth _____ Swim Level (See table PTO) _____

Please advise us of any medical conditions your child/ren have which may be relevant to our teaching staff:

Medical Conditions

Class Preference 1 Day _____ **Time** _____ **Class Preference 2 Day:** _____ **Time** _____

Class Preference 3 Day _____ **Time** _____ **Class Preference 4 Day:** _____ **Time** _____

#Child 2

First Name _____ Surname _____ Sex _____

Date of Birth _____ Swim Level (See table PTO) _____

Please advise us of any medical conditions your child/ren have which may be relevant to our teaching staff:

Medical Conditions

Class Preference 1 Day _____ **Time** _____ **Class Preference 2 Day:** _____ **Time** _____

Class Preference 3 Day _____ **Time** _____ **Class Preference 4 Day:** _____ **Time** _____

#Child 3

First Name _____ Surname _____ Sex _____

Date of Birth _____ Swim Level (See table PTO) _____

Please advise us of any medical conditions your child/ren have which may be relevant to our teaching staff:

Medical Conditions

Class Preference 1 Day _____ **Time** _____ **Class Preference 2 Day:** _____ **Time** _____

Class Preference 3 Day _____ **Time** _____ **Class Preference 4 Day:** _____ **Time** _____

CONTACT DETAILS

Please complete contact details if you have not previously been booked in at PLC Aquatic or if your information has changed.

Email _____

SMS Mobile Contact _____

Parents 1 Name _____ Mobile 1 _____

Parents 2 Name _____ Mobile 2 _____

Postal Address _____

Suburb _____ Postcode _____

Emergency Contact Name _____ Relationship _____

Home Telephone _____ Mobile _____

SWIMMING LEVEL

LEVEL

Beginner – must be at least 3 years of age	1 – White
Able to submerge fully, kick and glide for 2m unaided and kick on back with a kickboard	2 – Red
Can swim 5m of freestyle (no breathing) and 5m backstroke. Is learning breaststroke kick	3 – Orange
Can swim 7m freestyle with breathing, 7m backstroke and breaststroke kick	4 – Purple
Can swim 10m freestyle with bi-lateral breathing, 10m backstroke and 5m breaststroke	5 – Pink
Can swim 25m freestyle bi-lateral breathing, 25m backstroke, 12m breaststroke and 25m dolphin kick	6 – Royal Blue
Can swim 50m freestyle and backstroke, 25m breaststroke and 10m butterfly, tumble turns, dive from pool edge	7 – Light Blue
Can swim 75m freestyle and backstroke, 50m breaststroke and 15m butterfly, all tumble turns and block dive	8 – Green

CLASS TIMES	Monday/Thursday/Friday	Wednesday	Saturday
White - Pink Levels	3:45, 4:15, 4:45, 5:15, 5:45, 6:15	3:45, 4:15, 4:45, 5:15	8:00, 8:30, 9:00, 9:30,10:00, 10:30, 11:00
Royal - Light Blue	3:45, 4:15, 4:45, 5:15, 5:45, 6:15	3:45, 4:30 (45min)	8:00, 8:30, 9:00, 9:30,10:00, 10:30, 11:00
Green	3:45, 4:30, 5:15	4:00, 5:00 (60min)	8:00, 8:45, 9:30,10:15
Babies/Infants/2-3Yr			11:30, 12:00

TERM FEES (per person)

Fees	Levels 1 - 6 (White - Royal Blue)	Levels 7 & 8 (Light Blue - Green)	Babies / Infants / 2-3 Yrs
1 lesson per week	\$176	\$176	\$154
2 lessons per week	\$316.80	\$281.60	NA

MEDICAL RELEASE AND DECLARATION

I (Print Name)_____ consent to Presbyterian Ladies' College providing and/or obtaining appropriate first aid / medical / emergency treatment for the applicant(s) on this form as deemed reasonably necessary, where the College has been unable to contact a parent/guardian, or it is otherwise impracticable to contact a parent/guardian.

I acknowledge and accept that circumstances may occur where it is necessary for the College to arrange immediate medical treatment in an emergency situation, including the possibility of ambulance transport, hospitalisation, surgery and the administering of anaesthetics. I understand that I will be required to cover the costs associated with any medical treatment undertaken.

I authorise the College to act in such circumstances with the interests and welfare of the applicant(s) in mind. I hereby confirm that the applicant(s) named on this application form, and their parents/guardians, will abide by the policies, rules and conditions for use of the Aquatic Centre including and not restricted to running, rough play or acting in an anti-social manner.

I understand this information is collected and held in accordance with the College's Privacy Policy, available at www.plc.vic.edu.au

PLC Aquatic Privacy Collection Notice

This Collection Notice explains in general terms how we protect the privacy of the personal information you provide. In reviewing this Collection Notice and providing us with your personal information, you consent to our collection, use and disclosure of that information in the manner set out below, unless you advise us otherwise. This Collection Notice should be retained for future reference. It can also be viewed on the PLC Aquatic website under Policies.

Name _____ Signature _____ Date _____

PAYMENT

Credit Card Cash \$ Cheque **Total \$** _____

 Expiry Date

Name _____ Signature _____