

Re-enrolment



Responsible Person

Surname:	First Name:	Gender:
Date Of Birth:	Address:	
Suburb:	Postcode:	
Contact No.:	Email:	

Emergency Contact *(Secondary authorised person for enrolment changes)*

Name:	Contact No.:
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Student/s

Surname:	First Name:	Gender:
Date Of Birth:	Medical Issues:	
Level:	Day:	Time:

Surname:	First Name:	Gender:
Date Of Birth:	Medical Issues:	
Level:	Day:	Time:

Surname:	First Name:	Gender:
Date Of Birth:	Medical Issues:	
Level:	Day:	Time:

Surname:	First Name:	Gender:
Date Of Birth:	Medical Issues:	
Level:	Day:	Time:

MasterCard or Visa

Card Number:		
Name On Card:	Expiry Date:	CVV:
Date:	Signature:	

Authorisation

I acknowledge that the full terms and conditions are available on www.cockburnarc.com.au.

If I do not terminate this enrolment under the cooling off period, I acknowledge that I have read and accepted the full terms and conditions of the Swim ARCADEMY enrolment on www.cockburnarc.com.au.

Name:	Signature:	Date:
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OFFICE USE ONLY

Enrolling Staff Member:	Payment Processed <input type="checkbox"/>	Date:
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