



SWIMMING LESSONS - SEMESTER 1, 2012
Kindergarten to Year 12

Lessons are conducted by the **Blue Fin Swim School** on Tuesday and Thursday's in the School Pool and are available to swimmers of all ability levels from beginners to competitive swimmers seeking improved techniques. An assessment of student competency will be carried out prior to the commencement of lessons.

The Blue Fin Swim School has been established for over twenty years and has been teaching at St Michael's since the pool opened in 1995. One of the most significant features of the Blue Fin swimming program is its commitment to excellence in technique and skill acquisition. All Blue Fin teachers have undergone training through, and are accredited by AUSTSWIM and/or Swimming Australia, and undergo 'Working with Children' checks before appointment.

The charge per semester is **\$288.00** for **18 x 30 minute lessons @ \$16.00 per lesson**

A new application form must be completed each semester for both new and continuing students. There are no refunds for missed lessons however make-up lessons will be given in the case of illness if a Medical Certificate is provided.

If you wish to book lessons, please complete the section below and return it to the Blue Fin Swim School together with your payment. **All payments are to be made to Blue Fin Swim School either by EFT, cash or cheque. EFT payments can be made to: Blue Fin Swim School, Westpac Banking Corporation, BSB 033-018, Account Number 271-889. On receipt of payment, bookings will be confirmed.**

Form & Payment must be received before 9th December.

Term dates: Term 1: Tuesday 7th February – Thursday 29th March 2012 (8 weeks)
Term 2: Tuesday 17th April – Thursday 21st June 2012 (10 weeks)

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Please return this section along with payment to the **Blue Fin Swim School, 75/85 Rouse Street, Port Melbourne, Victoria 3207** as soon possible. **Please book early to secure your preferred timeslot.**

I wish my daughter/son _____ DOB _____ in Year _____ to participate in private swimming lessons conducted by the Blue Fin Swim School at the St. Michael's Pool.

Day preferred:	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday		
Time preferred:	<input type="checkbox"/>	3.45 pm	<input type="checkbox"/>	4.15 pm	<input type="checkbox"/>	4.45 pm
	<input type="checkbox"/>	5.15 pm	<input type="checkbox"/>	5.45 pm	<input type="checkbox"/>	4.30 pm (Pre-Squad)

Signature of Parent/Guardian: _____ Date: _____

Name of parent /guardian _____
(please print)

Address _____

Telephone: _____ Email _____

Medical Details - Does the participant have any conditions which may affect their involvement in swimming lessons?
Eg. Allergies, asthma, diabetes, epilepsy, hyperactivity, physical disability, learning difficulties etc
NO YES If yes, please provide details below

