



Jack Hort Memorial Community Pool
10 Camerons Road
Healesville 3777
Swimming Lesson Enrolment

Date: _____

Student: _____

DOB _____ Age _____ Male Female

Parent/Guardian1. _____

Parent/Guardian2. _____

Address: _____

Phone: _____

Family Emergency contacts:

Name	Relationship (Neighbour, Relative, Friend)	Telephone Contact	Language Spoken

Medical Condition Details

Please indicate your preferred day and time below:

Monday AM PM Tuesday AM PM
 Wednesday AM PM Thursday AM PM
 Friday AM Saturday AM

Please indicate your child's level of ability by circling the appropriate level below:

- Level 0** Beginner (Not confident in or around water)
- Level 1** Competent Beginner (Able to submerge fully and move 3 metres through the water)
- Level 2** Completed Swim and Survive Level 1 (Can swim 10 metres using a recognizable stroke)
- Level 3** Completed Swim and Survive Level 2 (Can swim 25 metres above water & underwater arm recovery)
- Level 4** Can swim continuously for 50 metres using above water arm recovery and 25 metres using underwater arm recovery
- Level 5** Can swim continuously for 100 metres using five correct stroke techniques
- Level 6** Can swim continuously for 200 metres using five correct stroke techniques
- Level 7** Can swim continuously for 300 metres using five correct stroke techniques

Name: _____

Signed: _____ Parent/Guardian

Office Use: Day _____ Teacher _____ Time _____
