

Perth College Swim Academy Squad Enrolment Form



Swimmer's Name:					
Address:				P/C:	
Swimmers Phone		Home :		Mobile	
Swimmers Date of Birth		/ /			
Contact name: (Parent or Emergency)				Contact phone number: (Parent or Emergency)	
Swimmers Email:					
Parent/Emergency Contact Email					
Are you a Perth College student?	Yes	No	Would you like to receive some information regarding Perth College?	Yes	No
Medical conditions: (If no medical conditions please write NIL)					
Payment option: (please circle)		Annual - Biannual – Quarterly- Casual - (Monthly – <i>AdultFit only Option</i>)			
Squad					

Payment method (please tick):

- Direct debit**
Perth College Swim
BSB: 306-089
Acct Number: 2874328
- Cheque**
Please make cheques payable to:
Perth College
PO Box 25, Mt Lawley 6929
- Charge school account** – Only if Perth College student
- Credit card** - Please complete the credit card payment form

Type of card (please circle):		Visa	Mastercard
NUMBER on CARD:			
NAME on CARD:			
EXPIRY DATE:			
I give permission for my credit card to be charged according to my nominated payment option:			Yes <input type="checkbox"/> No <input type="checkbox"/>
SIGNATURE OF CARDHOLDER:			

Enrolment Declaration

I understand that no refunds will be made unless special circumstances prevail and that a 20% administration cost will be levied on any refund.

_____ Date _____

Swimmer or Parent/Guardian