



**2021 JOHN WOLLASTON SWIMMING CLUB
 Application Form
 Armadale Aquatic and Fitness Centre,
 Monday and Thursday Mornings 6:20am to 7:30am**

I would like my child to be considered to attend the John Wollaston Swimming Club.

Student Name: _____ **Year:** _____

House Group/Class: _____

Current swimming stage/level: _____

JWACS SWIMMING CLUB	Cost
Term 4	\$50.00

Yes

I understand this is an application and I will be notified if my child has successfully gained a position in the JWACS Swimming Club

My son/daughter is currently enrolled in a swim club outside of school

I understand the fees must be paid prior to the first session

I understand my child is required to attend all sessions

MEDICAL UPDATE INFORMATION

Medical/Emergency Contact Update

If your son/daughter has a change(s) to his/her medical status since the last return, please advise below. This information will be forwarded to Administration to be updated in your child's medical file.

New Emergency Contact Number (Only if applicable): _____

Parent/Guardian Name : _____

Parent/Guardian Signature : _____

Date : _____

Please return this form to Mrs Brown in the Primary Reception by 15 October 2021.

