



# Swim School Membership



## Parent/Guardians Details

First Name:	Surname:	
Address:		
Suburb:	Postcode:	D.O.B:
Email:		
Telephone:	ID number:	
Emergency contact:	Emergency telephone:	

## Child Details

<b>1st Child</b>	ID number:	
First Name:	Surname:	
Level:	Gender:	D.O.B:
Medical Condition:		
<b>2nd Child</b>	ID number:	
First Name:	Surname:	
Level:	Gender:	D.O.B:
Medical Condition:		
<b>3rd Child</b>	ID number:	
First Name:	Surname:	
Level:	Gender:	D.O.B:
Medical Condition:		

## Authorisation

The Swim School payment will be paid on a fortnightly basis via a debit from the below mentioned credit card or bank account. I hereby authorise Reservoir Leisure Centre (Bank ID 12580) - to debit from my Credit Card/Bank Account the amount of \$\_\_\_\_\_ per fortnight commencing on: \_\_\_\_\_.

To cancel my direct debit membership after this contract period then I must personally attend the Centre and complete a cancellation form. I also acknowledge that after submitting the cancellation form, one more debit will be charged to my account. A \$10 administration fee will also be charged for all dishonoured debit transactions.

Note: Darebin Council set the membership fees and charges on 1st of July each year and this increase will be passed on to all swim school contract payments. Swim School members will be sent a reminder of this fee increase in June.

\_\_\_\_\_

Date

\_\_\_\_\_

Card Holder Signature

\_\_\_\_\_

Staff name

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS AS OUTLINED IN THE ABOVE SERVICE ADVISE AND ALSO THE TERMS AND CONDITIONS OF THE CONTRACT

\_\_\_\_\_

Date

\_\_\_\_\_

Responsible Person/Guardian Name

\_\_\_\_\_

Responsible Person/Guardian Signature

## Plan Managed Swimmers in Access and Inclusion classes

Plan manager name:

Address:

Telephone:

Email:

PLEASE REMOVE THIS SECTION AND DESTROY AFTER USE

## Account - Direct Debit Details

Account Name:

Financial Institution:

Branch Name:

BSB:

-

Account Number:

## Credit Card - Direct Debit Details

Account Name:

Visa  Mastercard

Card Number:

Expiry Date:

/