

# SPLASH PALACE

## Learn to Swim



Date:        /        /

Child's Name: \_\_\_\_\_

D.O.B:        /        /

Male:  Female:

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Swimming Ability ( Tick one of the following):

- |                          |                          |               |                          |
|--------------------------|--------------------------|---------------|--------------------------|
| No previous experience   | <input type="checkbox"/> | Can swim 25m  | <input type="checkbox"/> |
| Can put head under water | <input type="checkbox"/> | Can swim 50m  | <input type="checkbox"/> |
| Able to float            | <input type="checkbox"/> | Can swim 100m | <input type="checkbox"/> |
| Can kick and arm stroke  | <input type="checkbox"/> | Can swim 200m | <input type="checkbox"/> |
| Breathe while swimming   | <input type="checkbox"/> | Can swim 400m | <input type="checkbox"/> |
| Can swim 20m             | <input type="checkbox"/> | Can swim 800m | <input type="checkbox"/> |

Preferred day of class (Tick one box):

- Monday  Tuesday  Wednesday   
Thursday  Saturday



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Invercargill 9840

Web: [www.splashpalace.co.nz](http://www.splashpalace.co.nz)

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