

ABBOTSLEIGH AQUATIC CENTRE

Autumn holiday programs for boys and girls from four years

Week 1

Monday 16 to Friday 20 April

Week 2

Monday 23, Tuesday 24,
Thursday 26, Friday 27 April

Bookings can be made at the Aquatic Centre during term, Monday to Friday 12-6 pm and Saturday 8 am-12 noon until Saturday 14 April 2018. All fees are to be paid at the time of booking. Payment can be made by cash, cheque or eftpos. All prices include GST.

It is essential that children enrolling in our swimming programs are graded at the time of booking to determine their swimming ability. Grading takes approximately 10 minutes. In the event that your child is sick, a medical certificate must be provided and a credit towards the next school holiday's program fees can be organised. This credit is valid for six months only.

Swimming caps and costumes are to be worn at all times. No T-shirts or board shorts are to be worn in the pool.

Swimming

LEARN TO SWIM

Week 1 \$80 9 am, 9.30 am, 10 am, 10.30 am

Week 2 \$64 9 am, 9.30 am, 10 am, 10.30 am

MARLINS

Week 1 \$80 9-9.45 am

Week 2 \$64 9-9.45 am

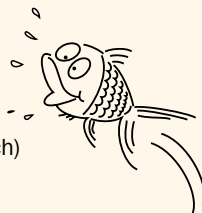
JUNIOR CHALLENGE/SENIOR CHALLENGE/SWIMFIT/ADULT

Week 1 \$80 8-9 am

Week 2 \$64 8-9 am

WHITE/BLACK/GOLD SQUAD

Please see Amanda Isaac (Head Coach) for squad times.



Diving

DIVING WEEK 1

CLASS TIMES

10-11 am 11 am-12 noon 10 am-12 noon

Fees	One hour	Two hours
Five day course	\$80	\$150
Four day course	\$65	\$120
Three day course	\$50	\$90

Please contact the Aquatic Centre on 9473 7830
or aquaticcentre@abbotsleigh.nsw.edu.au.

Autumn holiday program

Swimming/diving application form

Return this completed form to the Aquatic Centre either in person or by posting to Abbotsleigh Aquatic Centre, Locked Bag 1666, Wahroonga NSW 2076.

Parents' names _____

Address _____ Postcode _____

Phone _____ Mobile _____

Email address _____

Child's name _____ Male/female _____

DOB _____ School year _____ Child's school _____

Week	Course Name	Day/s	Start Time	Finish Time	Cost

To be returned with cheque made payable to Abbotsleigh. Full fees payable in advance. Refunds will be made only in the case of certified illness.

Amount \$ _____ Method of payment Cheque Cash MasterCard Visa

Card holder name _____

Card number _____ | _____ | _____ | _____ Expiry date _____

CCV number _____ Signature _____

As parent/guardian, I give consent for my child to participate in the above course and agree to delegate my authority to the staff involved. I realise precautions are taken to eliminate any injuries or hazards and a competent supervisor is present. However, in the event of any injury, I hereby waive, release and hold harmless from any liability for damages or claims for personal injury, including accidental death, as well as for property damage which may arise in conjunction with the above activity, against Abbotsleigh, its employees, coaches and assistants. I submit relevant medical information.

Signed _____ (parent/guardian) Date _____