



Registration Form

Childs Name _____

Age _____ DOB _____ M/F

Any medical conditions we should be aware of? _____

Has there been any traumatic water experience? _____

How did you find out about our Swim School? _____

AquaBabyz AquaKidz Squads Private (Circle one)

Preferred Day _____

Parent/Caregiver details

Name _____

Home Phone _____ Wk _____ Mob _____

Email _____

Address _____

Fees

For an updated pricelist please email swimschool@parakaisprings.co.nz us or enquire within.
Please note there are no refunds or credits for missed classes.

Important information

Parakai Springs reserves the right to cancel classes where insufficient enrolments are received and any unforeseen circumstances that may occur.

Parent/ Caregiver declaration

I authorize any medical care urgently required.

I understand I am responsible for all of my own and my child's property.

I understand that staff will exercise all duty of care during lessons.

I agree to supervise my child/ren before and after their lessons.

I agree to pay for any extra children entering the water who are not enrolled in lessons.

I agree to any photos being used to promote Parakai Springs Swim School.

Parent/Caregiver Signature _____ Date _____