

Huon Valley Council Recreation Services

40 Main Street, Huonville | PO Box 210, Huonville

Telephone: (03) 6264 0300

Email: hvc@huonvalley.tas.gov.au



SWIMMING LESSON ENROLMENT FORM

Have you participated in Huon Valley Council swimming lessons before? Yes / No

Enrolling Parent 1 <input type="checkbox"/> / Guardian <input type="checkbox"/>	Enrolling Parent 2 <input type="checkbox"/> / Guardian <input type="checkbox"/>
First Name: _____	First Name: _____
Surname: _____	Surname: _____
Address: _____	Address: _____
Suburb/Town: _____	Suburb/Town: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Work Phone: _____	Work Phone: _____
Email Address: _____	Email Address: _____
Contact No: _____	Contact No: _____
Occupation: _____	Occupation: _____

Student's Details					
	Given Names	Surname	Age	Swimming Ability/Experience	Big Pool Y/N
1					
2					
3					
4					

Medical Treatment I give permission for the staff to seek medical attention from a registered medical practitioner, hospital or ambulance service, as deemed appropriate, in the event of an illness or injury to my child and I agree to be responsible for any medical expenses incurred.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunscreen I will ensure my child is suitably protected from the sun by applying sunscreen and/or protective clothing.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Photographs I give permission for photographs of my child to be taken and used for promotional purposes i.e. Facebook and local newspapers	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Details	
Family Doctor _____ Phone _____ Address _____	
Does your child have any medical conditions/allergies?:	
• Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/> *
• Fainting, dizzy spells or other sudden loss of consciousness	Yes <input type="checkbox"/> No <input type="checkbox"/> *
• Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/> *
• Heart Condition	Yes <input type="checkbox"/> No <input type="checkbox"/> *
• Respiratory Disorder (asthma)	Yes <input type="checkbox"/> No <input type="checkbox"/> *
• Allergies (particularly insect bites or stings)	Yes <input type="checkbox"/> No <input type="checkbox"/> *
• Ear Disorder (affecting drainage tubes, deafness or balance)	Yes <input type="checkbox"/> No <input type="checkbox"/> *
• Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/> *
Please list any other relevant medical information:	
Does your child/ren have any additional needs or a disability? Please state: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> *
<i>*If you have answered "Yes" to any of the above information please discuss details with the swimming instructor.</i>	

Swimming Programs (Please tick selected program for each child)				
	Child 1	Child 2	Child 3	Child 4
6 Week Program 10 November 25 – 19 December 25 30 minute classes held once a week. Suitable for all ages and abilities.	<input type="checkbox"/> \$114	<input type="checkbox"/> \$114	<input type="checkbox"/> \$114	<input type="checkbox"/> \$114
8 Week Program 9 February 26 – 3 April 26 30 minute classes held once a week. Suitable for all ages and abilities.	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152
10 Day Intensive (daily lessons) 5 January 26 – 16 January 26 19 January 26 – 30 January 26 Noticeable improvements can be expected.	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190	<input type="checkbox"/> \$190
½ hour one-on-one lesson Suitable for all ages and abilities Number of one-on-one lessons requested	<input type="checkbox"/> \$31 -----	<input type="checkbox"/> \$31 -----	<input type="checkbox"/> \$31 -----	<input type="checkbox"/> \$31 -----

Ticket to Play [All fields below are mandatory for Ticket to Play Redemption]

Do you have a Ticket to Play voucher(s) to be used for swimming fees? Yes No

If YES. For each child please complete value of Ticket to Play voucher(s) you wish to redeem and voucher(s) codes:

<p>Child 1</p> <p>\$100 <input type="checkbox"/></p> <p>\$200 <input type="checkbox"/></p>	<p>Child 2</p> <p>\$100 <input type="checkbox"/></p> <p>\$200 <input type="checkbox"/></p>	<p>Child 3</p> <p>\$100 <input type="checkbox"/></p> <p>\$200 <input type="checkbox"/></p>	<p>Child 4</p> <p>\$100 <input type="checkbox"/></p> <p>\$200 <input type="checkbox"/></p>
<p>DOB _____</p> <p>26- _ - - - - - - - - -</p> <p>26- _ - - - - - - - - -</p>	<p>DOB _____</p> <p>26- _ - - - - - - - - -</p> <p>26- _ - - - - - - - - -</p>	<p>DOB _____</p> <p>26- _ - - - - - - - - -</p> <p>26- _ - - - - - - - - -</p>	<p>DOB _____</p> <p>26- _ - - - - - - - - -</p> <p>26- _ - - - - - - - - -</p>

Direct Debit Instruction

Account Holder Name :

Address:

Postcode:

Phone:

Bank Details

Bank Name :

Account Number:

CVC Code:

Direct Debit Declaration Fortnightly Monthly

Starting from ____/____/20____

Signature _____

Date ____/____/____



Ezidebit AU Direct Debit Request (DDR) Service Agreement (Version 1.12)

Please print and retain for your records. This Direct Debit Request Service Agreement (**Agreement**) forms part of the terms and conditions of your Direct Debit Request (**DDR**).

Debiting Your Account

1. By agreeing to the DDR you authorise Ezidebit Pty Ltd ACN 096 902 813 (Direct Debit User ID number 342190, 342191, 428198) (referred to as **Ezidebit**) to make debits to your nominated account.
2. The debit will be processed on the next business day after the direct debit date if:
 1. a payment request is received by Ezidebit after Ezidebit's usual cut off time, being 3:00pm Qld time, Monday to Friday;
 2. there is a public or bank holiday on the day when the debit transaction is due to be processed or on any of the following days until the debit is processed.
3. You authorise Ezidebit to attempt to re-debit any unsuccessful payments. You will also be responsible for any fees and charges applied by your financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.
4. Ezidebit may charge you certain fees (including setup, variation, SMS or processing fees) where applicable under your debit arrangement.

Your Responsibilities

5. It is your responsibility to:
 1. Ensure that your nominated account can accept direct debits;
 2. Ensure that the details on the DDR are correct, and the bank account has been verified against a recent bank statement;
 3. Ensure that all authorised signatories nominated on the financial institution account to be debited authorise the DDR;
 4. Ensure that there are sufficient cleared funds in the nominated account, as a failed payment fee may be charged by Ezidebit if a debit is returned by your financial institution as unpaid;
 5. Advise immediately if the nominated account is transferred or closed or your account details change;
 6. Arrange a suitable payment method if Ezidebit or the Business cancels the drawing arrangements.

Cancelling or Changing Direct Debits

6. Subject to the terms and conditions of your agreement with the Business, you may cancel, alter or defer the debit arrangement by contacting the Business a reasonable time before the date that the drawing is to be made.
7. You authorised Ezidebit to vary the amount of the payments from time to time upon receiving instructions from the Business of a variation provided for within your agreement with the Business. In all other cases, changes to the amounts or dates of a series of direct debits require 14 days' prior notice.
8. If you believe that there has been an error in debiting your account, you should notify the Business as soon as possible. The Business will notify you of its determination and the amount of any adjustment that will be made to your nominated account (if any). Upon receiving instructions from the Business, Ezidebit will arrange for your financial institution to adjust your nominated account by the applicable amount (if any). Alternatively, you can also contact your financial institution.
9. You agree that Ezidebit will not be liable for any disputed transactions resulting from the supply or non-supply of goods and/or services by the Business and that all disputes will be directed to the Business (as Ezidebit is acting only as an agent for the Business).

Confidentiality

10. We will keep your account details and direct debit records confidential in accordance with Ezidebit's [Privacy Policy](#), except where the disclosure of certain information to your financial institution is necessary to enable us to act in accordance with your drawing arrangements. We may disclose the information in the event of an alleged incorrect or wrongful debit, in relation to a claim, or otherwise as required by law.

Contact

If you wish to contact Ezidebit about anything relating to this Agreement, you should contact:

Ezidebit
PO Box 3327, Newstead, QLD 4006
Ph: 1300 763 256 Email: support@ezidebit.com.au
<https://www.ezidebit.com/en-au/contact>

Parent/Guardian Declaration

Parent/Guardian Declaration

I, the Parent / Guardian, agree to:

Pay all fees owing as set out in the Fees & Charges Schedule upon registration/enrolment of student(s).

RECORD the arrival of my child for lessons at the kiosk upon entry.

Provide prior notice of any expected absence from scheduled swimming lesson.

Signed: _____ Date: _____

(Parent 1/Guardian)

PERSONAL INFORMATION PROTECTION STATEMENT

The personal information requested on this form is being collected by the Council for emergency medical purposes and will be used for that purpose only. The intended recipients of the information are Council Officers. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it. Failure to provide this information will result in your application not being able to be processed. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and you may make application for access or amendment to your information in writing to the General Manager, PO Box 210, Huonville 7109. You may be charged a fee for this service.

OFFICE USE ONLY

Total cost of program	\$
<i>If applicable:</i> Ticket to Play amount to be redeemed	\$
Balance owing	\$