



Papamoa Swimming Club

Postal Address: P.O.Box 11492, Palm Beach, Papamoa 3151.
 Contact Phone: 0276069837 (Mike) Website: www.papamoaswimclub.org.nz Email: info@papamoaswimclub.org.nz

Enrolment Form Length Swimmers

Surname			
First Name		Middle Initial	
Date of Birth		Male/Female	
Address			
Phone Number			

Please list any medical conditions we should be aware of:

Parent/Guardian Name	
Phone number	
Email Address*	

Swimmer's Ability:	Training:	Fee for Season: (Term 4, 2011 & Term 1, 2012)	
Emergent Beginner	1/2 hour twice weekly: Mondays & Thursdays – 4.30pm to 5pm.	\$100 (per term)	Please tick
Beginner <small>(The swimmer should be able to complete six consecutive lengths of different strokes)</small>	1 hour twice weekly: <u>Group 1:</u> Mondays & Thursdays – 5pm to 6pm. <u>Group 2:</u> Tuesday & Friday – 4.30pm to 5.30pm	\$170	
Development Squad	1 hour three times a week <u>Group 1:</u> Monday & Thursday – 6pm to 7pm Tuesday 6.30 to 7.30pm <u>Group 2:</u> Monday Wednesday Thursday 7pm to 8pm	\$210	
Training Squad (Nights only)	1½ hours three times a week Tuesdays: 6.30pm to 8pm Wednesday: 4.30pm to 5.30pm Land base training 5.30pm to 6.30pm Pool Friday: 5.30 to 7pm	\$220	
Training Squad (Mornings + Nights) <small>At Training Squad level swimmers are expected to enter at least three carnivals throughout the season.</small>	1½ hours three times a week Tuesdays: 6.30pm to 8pm Wednesday: 4.30pm to 5.30pm Land base training 5.30pm to 6.30pm Pool Friday: 5.30 to 7pm PLUS 5 Morning trainings 6am to 7.30am	\$270	
Competitive Registration	Payment to Swimming NZ. Allows swimmers to compete at interclub, regional, national or international competition. Covers the period 1 July until 30 th June the following year.	\$77.00	
Associate Member	Doesn't train with the club but wishes to represent the club at swim meets. This cost covers the registration fee which goes directly to Swimming NZ, admin costs.	\$100	

Privacy Consent: Pursuant to the Privacy Act 1993, I consent to my above personal details being provided for entry on the national database. I authorise my club, Regional Association and Swimming New Zealand to use such information for the administration and betterment of swimming. This information will not be given to third parties without the member's consent. "I understand that I have full access to my details as recorded on the database at any time."	YES/NO
In case of emergency/accident, I give permission for swimming club personnel to act on my behalf.	YES/NO
Website: I give permission for PSC to publish my child's photo and name on our clubs' website.	YES/NO
*Email: I wish to receive emails from Papamoa Swimming Club	YES/NO

Parent/Guardian Signature Date.....

Direct Debit Payments: **BNZ Papamoa 02 1258 0026050 00** Childs name in reference so we can receipt you by mail – thank you

CLUB USE ONLY:

Payment Made By: Cash / Eftpos / Cheque / Direct Debit
 Receipt Number
 Date:

