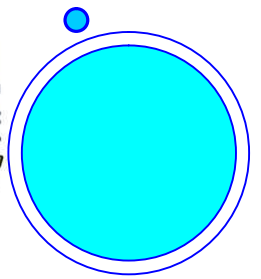




STANFORD SWIM SCHOOL
史丹福游泳學校
www.stanfordswim.com.au
ABN: 44 132 435 762



Indoor Heated Pool

Pool Location:

Karonga School
Karonga Close,
Epping NSW 2121

Enrollment Methods

- Office:** Application can be submitted in our office, with the filled enrollment form and payment.
- Pool:** Application can be submitted during our pool opening hours, with the filled enrollment form and payment.

Payment Methods

1. Cash



Contact us

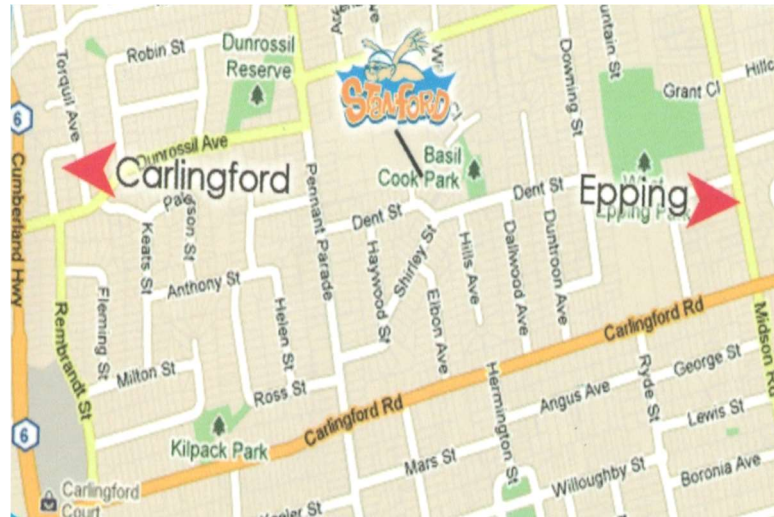
Office Address:

3C, 14 Glen Street, Eastwood, NSW, 2122

Opening Hours: Mon.- Fri. 10am – 3pm

Email: enquiry_ep@stanfordswim.com.au

Website: www.stanfordswim.com.au



Distinguishing Features:

- Indoor and all-year-round thermostatic swimming pool, temperature kept at 29°C - 32°C.
- Water depth from 0.8m, suitable for kids from 3 years or above.
- Instructor to student ratio 1: 4.
- Regular assessment, provide recommendation for parents.
- Parents seating area included for observing our swimming classes

Get more with
HCF



Enrollment & Enquiries
(02) 90087683

① Program	Age	Content		Ratio	Fee
<input type="checkbox"/> Pre-School	3-6	<ul style="list-style-type: none"> Water Familiarisation Water Confidence 	<ul style="list-style-type: none"> Water Safety Basic Submersion, Float & Kicking 	1:4	\$33/lesson 45mins 13 Lessons Term A *(Include AUSTSWIM recognized program certificate)
<input type="checkbox"/> Swim Foundation		<ul style="list-style-type: none"> Streamline Kicking Back Float – 10 seconds 	<ul style="list-style-type: none"> Basic Freestyle Arms Basic One side breath with arm 		
<input type="checkbox"/> Freestyle Elementary	6-14	<ul style="list-style-type: none"> Correct Streamline Kicking Basic diving skill 	<ul style="list-style-type: none"> Swim with Basic Techniques 		
<input type="checkbox"/> Freestyle Advance		<ul style="list-style-type: none"> Correct & Continuous Arm Action & One Side Breathing 	<ul style="list-style-type: none"> Swim with Correct Techniques 		
<input type="checkbox"/> Backstroke Elementary		<ul style="list-style-type: none"> Streamline Kicking Basic Arm Action & Basic Breathing 	<ul style="list-style-type: none"> Swim with Basic Techniques Back float 		
<input type="checkbox"/> Backstroke Advance		<ul style="list-style-type: none"> Correct & Continuous Arm Action & Breathing 	<ul style="list-style-type: none"> Swim with Correct Techniques 		
<input type="checkbox"/> Breaststroke Elementary		<ul style="list-style-type: none"> Basic Kicking Basic Arm Action & Breathing 	<ul style="list-style-type: none"> Swim with Basic Techniques 		
<input type="checkbox"/> Breaststroke & Butterfly		<ul style="list-style-type: none"> Continuous Arm Action & Breathing (BR) Swim with Correct Techniques (BR) 	<ul style="list-style-type: none"> Basic Dolphin kick (BU) Basic Treading Skills 		
<input type="checkbox"/> Junior Squad		<ul style="list-style-type: none"> Improve Endurance & Speed Training 	<ul style="list-style-type: none"> Swim with Correct Techniques for 4 Strokes 		

② Day * No swim lesson on 10/4, 11/4, 25/4 due to public holidays*

③ Time

Tue (28/1/20- 21/4/20) 13W Thur (30/1/20 – 23/4/20) 13W
 Wed (29/1/20 - 22/4/20) 13W Fri (31/1/20 – 24/4/20) 12W

15:45 – 16:30 17:15 – 18:00
 16:30 – 17:15 18:00 – 18:45 / 19:00

Sat (1/2/20– 18/4/20) 11W

09:30 – 10:15 13:00 – 13:45
 10:15 – 11:00 13:45 – 14:30
 11:00 – 11:45 14:30 – 15:15
 11:45 – 12:30

Wetsuit – \$45.00

Stanford Swim Cap – \$10.00

Goggles – \$15.00/\$25.00

⑤ Student Details

First Name: _____ Last Name: _____ Sex: _____ Date of Birth: _____ Age: _____
 M / F

Address: _____

Name of School: _____ E-mail: _____

Parent's Name: _____ Mobile: _____ Home Phone: _____

⑥ Parent / Guardian Consent

- I consent to my child's enrollment in Stanford Swim School ("School") and understand and accept the Terms and Conditions of the School. I warrant that my child is physically fit and able to engage in swimming lessons at the School. I warrant that I am unaware of any medical conditions or impediments that prevent my child from participating in swim classes and I am not aware of any medical illness that should be brought to the attention of the School.
- I, and on behalf of my child, acknowledge that both our property and person shall be at our own risk and will not hold liable and will indemnify the School, its directors, staff, and/or agents for any accidents, personal injury, loss or damage, whether or not such injury, loss or damage is reasonably foreseeable, which may occur as a result of my/my child's attendance at the lessons held by the School, and which may arise from any action by or on behalf of the School, its directors, staff, and/or agents.
- I authorise School representatives to organise medical or hospital treatment as they see necessary at my expense.
- If the number of students learning a particular stroke is deemed inadequate by the School at any point in time, I understand and accept that my child may be arranged to take any lessons available together with students who are learning other strokes.
- If the number of students at any lessons at any point in time is deemed inadequate by the School, I understand and accept that the School may arrange for my child to attend other lessons.

Official Use Only

Parent / Guardian Name (Print): _____

Parent / Guardian Name (Signature) : _____ Date: _____

