

Enrollment Form and Swimming Pool Waiver

Fill-Out the Form Below to begin the reservation process of securing your seat at our next Empowered Kids/Teens Workshop Select your trainings of interest and submit your completed information.

Participants Name:

First _____ Last _____

- Phone: _____ Mobile _____
- Address: _____
- City: _____
- State: _____ Post Code: _____
- Training: _____
- Location: _____
- Dates: _____
- Allergies: _____
- Emergency Contact Details: _____

Anything I should know to support your child during workshop hours to ensure their happiness and confidence. _____

Permission and Waiver: I Full Name:

Hereby consent all of the above details are true and correct and give my consent for my child:

Full Name: _____

Parent

/CaregiverSignature: _____

To attend Empowered Kids Summer Workshop and hereby declare my child can swim confidently unaided and will follow all instructions and always act in a safe manner, in respect of other attendees present. If Child is acting in an unsafe manner, parent will be contacted to collect child immediately. No further warnings will be issued, as it is my primary duty of care to maintain a safe and respectful place for all people present. Thanking you for your understanding.

Payment Details:

**Empowered Alchemy/E Cobden
ANZ**

BSB 012 514 Account: 288572947

Mail directly to:

E Cobden

Empowered Alchemy

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