



Baby Swim

SportsMed Subiaco proudly offers Baby Swim, a reputable water safety and learn to swim program for parents and their children.

Safety & Survival

Our Hydrotherapy centre is also home to the Baby Swim Program which allows parent and baby to participate together in a warm, nurturing, aquatic environment.

Babies will learn to dip, hold their breath underwater and surface, learn how to float on their back to rest and breathe. Older children will learn to enter the water from a sitting or standing position, turn around, propel themselves and reach out to grasp the side of the pool to rest.

Baby Swim continues up to the age of 4 and includes transition classes to prepare for formal swimming lessons. All of our instructors are Austswim qualified, highly experienced and have a strong teaching focus on water safety.

Parents need to bring a swimmer nappy, bathers, towels and plastic bag to dispose of nappies at home. Nappy disposal within the medical facility is prohibited by Health Department regulation.

How To Enrol

- 1 Review timetable on website:
sportsmedsubiaco.com.au/services-facilities/baby-swim/
- 2 Complete enrolment form and email to:
babyswim@sportsmedsubiaco.com.au

Important Information

Child Ages

5 months - 4 Years

Class Duration

30 min session

Class Size

8 parents, 8 babies per class

Term Length

10-11 Weeks (coincides with school terms)

Payment

- Upfront full term payment required at time of enrollment/re-enrollment
- Over the phone payments accepted
- Online bank payments/ fund transfers available
- No refunds
- Make-up lessons possible

Account Name: AITM CASH MANAGER

BSB: 086-082 | ACC NO: 84-442-7485

Narration: Baby's full name.

Notice to parents

- Please be advised, as a courtesy to other participants, only still photography is allowed during classes. No video.
- For hygiene reasons, all nappies are to be taken home after each class.



sportsmedsubiaco.com.au

BABY SWIM ENROLMENT FORM



NOTE: Please download this form to your computer prior to completion and submission.

BABY DETAILS

SURNAME

FIRST NAME

DOB / /

PARENT/GUARDIAN DETAILS

TITLE MR MRS MISS MS

SURNAME

FIRST NAME

RESIDENTIAL ADDRESS

SUBURB POSTCODE

POSTAL ADDRESS

TEL NO. (home) (work) (mobile)

EMAIL ADDRESS

OCCUPATION

HOW DID YOU HEAR ABOUT OUR PRACTICE?

INTERNET FACEBOOK FRIEND

RETURNING FAMILY POSTNATAL CLASS MOTHERS GROUP

EXPO DOCTOR OTHER

PLEASE INDICATE IF YOU DO NOT APPROVE THE RECEIVING OF E-NEWSLETTERS, PROMOTIONAL OFFERS OR SURVEYS

PLEASE TICK IF YOUR CHILD'S IMAGE CAN BE USED FOR MARKETING PURPOSES

DO YOU SUFFER FROM ANY OF THE FOLLOWING (PLEASE TICK THE BOX)? M = MUM B = BABY

ANAEMIA	<input type="checkbox"/> M <input type="checkbox"/> B	ENT. CONDITIONS	<input type="checkbox"/> M <input type="checkbox"/> B	HIGH BLOOD PRESSURE	<input type="checkbox"/> M <input type="checkbox"/> B
ASTHMA	<input type="checkbox"/> M <input type="checkbox"/> B	HEART DISEASE	<input type="checkbox"/> M <input type="checkbox"/> B	SEVERE HEART DISEASE	<input type="checkbox"/> M <input type="checkbox"/> B
DIABETES	<input type="checkbox"/> M <input type="checkbox"/> B	LOW BLOOD PRESSURE	<input type="checkbox"/> M <input type="checkbox"/> B	JOINT MOBILITY PROBLEMS	<input type="checkbox"/> M <input type="checkbox"/> B
DISABILITY	<input type="checkbox"/> M <input type="checkbox"/> B	INTELLECTUAL DISABILITY	<input type="checkbox"/> M <input type="checkbox"/> B	BLOOD DISORDER	<input type="checkbox"/> M <input type="checkbox"/> B
EPILEPSY	<input type="checkbox"/> M <input type="checkbox"/> B	PHYSICAL DISABILITY	<input type="checkbox"/> M <input type="checkbox"/> B	BACK/PELVIC PAIN	<input type="checkbox"/> M <input type="checkbox"/> B
AUTISM	<input type="checkbox"/> M <input type="checkbox"/> B	HEART PROBLEMS	<input type="checkbox"/> M <input type="checkbox"/> B	OTHER (COMPLETE BELOW)	<input type="checkbox"/> M <input type="checkbox"/> B
ALLERGIES	<input type="checkbox"/> M <input type="checkbox"/> B	LUNG CONDITION	<input type="checkbox"/> M <input type="checkbox"/> B		

IF OTHER SELECTED ABOVE, PLEASEE PROVIDE ADDITIONAL INFORMATION

BABYSWIM INFORMATION SHEET (Cont.)

PLEASE TAKE THE TIME TO READ THROUGH THE FOLLOWING LEARN TO SWIM TERMS & CONDITIONS, RELEVANT TO BABYSWIM, SPORTSMED SUBIACO

Please take the time to read through the following Learn to Swim Terms & Conditions, relevant to Babyswim , SportsMed Subiaco

Babyswim pool times

- Monday 9.30am–12noon
- Tuesday 2pm–5pm
- Wednesday 9.30am–12noon & 2.30pm–3.30pm
- Thursday 9.30am–12noon & 2.30pm–4pm
- Friday 2.30pm–5pm
- Saturday 9am–1.00pm
- Sunday 9am–12noon

Our timetable is a "Rolling Timetable" from one term to the other. There are no set days and times for every level each term. To receive more information please contact Anielle to discuss your child's appropriate level. Please provide us with two options. Specific levels run at different times each term.

Preference #1

DAY TIME

Preference #2

DAY TIME

Enrolment and re-enrolment

NEW ENROLMENTS For swimmers will be taken in the last week of each term and in the first week of the holiday break. Please contact Anielle for these dates as they are different each term and year or visit the SportsMed Subiaco Facebook and Instagram pages

If there are no vacancies available at your preferred time, we will place you on a waitlist for the day that you require. You will be contacted the week before the term is due to start with more information.

RE-ENROLMENT For current swimmers, bookings and payment need to be made to secure a placement in the following term's programme. Bookings are accepted as follows:

Same Day, in Week 7 or 8 (depending on the length of term) re-enrolments for the same day and level will open on the day your child is swimming. Please inform your instructor that you will be remaining in the same class/time.

Change to another day or time. During the re-enrolment period, please talk with your instructor and/or send us an email to let us know your preferred day/time. We encourage you to place a second preference of day and time to avoid disappointment of missing out We will do our very best to confirm the change of time before the end of the term. Please note that weekend classes are our peak swimming times and may take extra time to need process.

SPORTSMED SUBIACO ACCEPTS NO RESPONSIBILITY OR LIABILITY FOR INJURY INCURRED WHILST USING THIS FACILITY. I AGREE THAT BY ATTENDING THIS POOL, I DO SO AT MY OWN RISK. I HEREBY AGREE THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

NOTICE TO PARENTS PLEASE BE ADVISED AS A COURTESY TO OTHER PARTICIPANTS THAT PHOTOGRAPHY DURING CLASSES REQUIRES THERAPIST/INSTRUCTOR APPROVAL.

PATIENT NAME

CONSENT **By ticking, you confirm your consent as per the above statement.**

DATE / /

Make-up/Catchup lesson policy

- Make-up lessons are offered subject to availability.
- Please allow 48 hours for a reply to your request.
- Make-up lessons can only be used when your child is fully enrolled in a swim term
- We will do our very best to accommodate your request but cannot guarantee times will be available to suit your needs or with the same instructor.
- Make-up lessons can be booked as of week two of the term start date.

Payment of fees

The programme is a term-based programme, therefore full payment of the lesson block is required.

- Payment Method can be made via
- Direct Transfer to:

Account Name: AITM CASH MANAGER

BSB: 086-082 | ACC NO: 84-442-7485

Narration: Baby's full

- Or via your credit card, please call the SportsMed Subiaco reception team on 93829600
- Pay at reception during the re-enrolment period at the SportsMed Subiaco reception (for current swimmers)

Cancellation and credit policy

Credits are only considered for swimmers who have incurred the following:

- Major illnesses – doctor's certificate will be required
- Hospitalisation – doctor's certificate will be required.
- Moving away from the Perth Metro area

Credits will not be granted for any other reason. This includes absences due to going away on holidays, exams or clashes with other activities. Credits will only be considered for 3 or more consecutive absences from lessons. Credit – money will be credited to you to use for future swimming lessons and will remain on your file for 12 months.

NOTE: Clicking the submit button below will attached a copy of the completed form to a new email for return sending to our office administration.



Baby *Swim*

LOCATION

We are located on Level 1 of the Clinic, with entrance access and parking off Cambridge Street and underground parking off McCourt Street.

For further details please ask at reception or call **0447 298 381**



St John of God Subiaco Clinic
Suite 101, L1, 175 Cambridge St, Subiaco WA 6008

PO Box 487, Subiaco WA 6904

T 08 9382 9600 F 08 9382 9613

E reception@sportsmedsubiaco.com.au

W sportsmedsubiaco.com.au