

Swim School Enrolment Form

Parent/Guardian Details

Name:	
Phone:	Email:
Address:	
Suburb:	Post Code:
Emergency contact:	Relationship to student:

Student Details

1ST CHILD

Name:		Gender:		
DOB:				
Medical conditions:				
Swimming History:				
Previous Level (if applicable):			Years Swimming:	
Can swim Freestyle	10m	25m	50m	>50m

2ND CHILD

Name:		Gender:		
DOB:				
Medical conditions:				
Swimming History:				
Previous Level (if applicable):			Years Swimming:	
Can swim Freestyle	10m	25m	50m	>50m

3RD CHILD

Name:		Gender:		
DOB:				
Medical conditions:				
Swimming History:				
Previous Level (if applicable):			Years Swimming:	
Can swim Freestyle	10m	25m	50m	>50m

I _____ have read and understood all terms and conditions regarding the holiday intensive program.

Signature:
Date:

Information and newsletters

"I hereby give the Centre permission to send out information, updates and newsletters to the above address/phone number"
YES / NO

Office use only:

DD Success entry:
Links entry:
Receipt attached:
Staff member/ Date:

Office use only:

Level:
Day:
Time:
Others: