



SWIM SCHOOL ENROLMENT FORM

Parent / Guardian Details

| First name | |
|-------------------|--|
| Last name | |
| Gender | |
| Address | |
| Suburb | |
| Postcode | |
| Email | |
| Mobile | |
| Emergency contact | |
| Name | |
| Mobile | |

Child 1

| | |
|--------------------|--|
| First name | |
| Last name | |
| Gender | |
| Date of birth | |
| Medical conditions | |
| Swimming level | |



Child 2

| | |
|--------------------|--|
| First name | |
| Last name | |
| Gender | |
| Date of birth | |
| Medical conditions | |
| Swimming level | |

Child 3

| | |
|--------------------|--|
| First name | |
| Last name | |
| Gender | |
| Date of birth | |
| Medical conditions | |
| Swimming level | |

Child 4

| | |
|--------------------|--|
| First name | |
| Last name | |
| Gender | |
| Date of birth | |
| Medical conditions | |
| Swimming level | |

PLEASE TURN OVER TO COMPLETE PAYMENT DETAILS