

SWIM SCHOOL ENROLMENT FORM

Office Use Only
(Please stamp when received):

Assessed By:		Date:	DD	MM	YYYY
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Please select enrolment type:		
New Enrolment <input type="checkbox"/>	Re-enrolment <input type="checkbox"/>	Sibling Enrolment <input type="checkbox"/>

Please select program type:		
Learn to Swim <input type="checkbox"/>	Squad (Performance Pathway) <input type="checkbox"/>	Squad (Fitness Pathway) <input type="checkbox"/>

Responsible Person's Name: _____

Address: _____ Suburb: _____ Post Code: _____

Mobile: _____ Email: _____

Participant 1

Full Name:			Date of Birth:	DD	MM	YYYY
Level:			Medical Information:			
Preference 1:	Location:	Day & Time:				
Preference 2:	Location:	Day & Time:				
Preference 3:	Location:	Day & Time:				

Participant 2

Full Name:			Date of Birth:	DD	MM	YYYY
Level:			Medical Information:			
Preference 1:	Location:	Day & Time:				
Preference 2:	Location:	Day & Time:				
Preference 3:	Location:	Day & Time:				

Participant 3

Full Name:			Date of Birth:	DD	MM	YYYY
Level:			Medical Information:			
Preference 1:	Location:	Day & Time:				
Preference 2:	Location:	Day & Time:				
Preference 3:	Location:	Day & Time:				

I have read and understand the terms and conditions: (please tick)

Responsible Person's Name: _____ Date: ____ / ____ / ____

Responsible Person's Signature: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

(Emergency Contact – another person other than yourself you want United Swimming to contact in the event of an accident resulting in hospitalisation).