



# CLEM JONES CENTRE SWIM SCHOOL ENROLMENT FORM

## Swimmer Information

Surname .....

Swimmer 1 Name ..... DOB ..... Level .....

Swimmer 2 Name ..... DOB ..... Level .....

Swimmer 3 Name ..... DOB ..... Level .....

Swimmer 4 Name ..... DOB ..... Level .....

Parents Names .....

Home Address .....

.....

Contact Numbers (H) .....

(M) .....

Email .....

## Emergency Contact Information

Name .....

Contact Number .....

## Medical Information (that a coach/swimming teacher would need to be aware of)

Condition .....

Required Treatment .....

## Preferred Sessions

Preferred day/s..... Preferred Time.....

## Declaration

I declare that the above information is correct at the time this form was completed and signed.

Signed by swimmer or parent/guardian if swimmer is under 18

Signature..... Date.....