Email completed forms to: swimschool@gosnells.wa.gov.au

SWIM SCHOOL REGISTRATION

Parent / Guardian Details



First Name				
Last Name			Emergency Contact or 2 nd Parent /Guardian	
			Name	
Gender	Male	Female	Relationship to child	
Address			Mobile	
Suburb			Child 2 Details	
Postcode			First Name	
Email			Last Name	
Linan			Gender	Male Female
Mobile			Date of Birth	
Child 1 Details			Medical Conditions	
First Name			Swimming Level	
Last name				
Gender	Male I	Female	Child 3 Details	
Date of Birth			First Name	
Medical Conditions			Last name	
Swimming Level			Gender	Male Female
			Date of Birth	
CITY = GOSNELLS			Medical Conditions	
			Swimming Level	