

SWIM SCHOOL REGISTRATION



Parent / Guardian Details

First Name

Last Name

Gender

Male

Female

Address

Suburb

Postcode

Email

Mobile

Emergency Contact or 2nd Parent /Guardian

Name

Relationship to child

Mobile

Child 2 Details

First Name

Last Name

Gender

Male

Female

Date of Birth

Medical
Conditions

Swimming Level

Child 1 Details

First Name

Last name

Gender

Male

Female

Date of Birth

Medical
Conditions

Swimming Level

Child 3 Details

First Name

Last name

Gender

Male

Female

Date of Birth

Medical
Conditions

Swimming Level

