



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



DIRECT DEBIT REQUEST

Choose your payment method

Debit from Bank, Building Society or Credit Union Account

Financial institution and Branch

BSB number

Account number

Account holder name

OR

Debit from Credit Card – Please contact Leisure World to provide your details on 9251 8700

