

SWIM SCHOOL REGISTRATION FORM

Parent / Guardian Details

First Name

Last Name

Gender

Female

Address

Suburb

Postcode

Email

Mobile

Emergency Contact

(other than Parent/Guardian previously supplied)

Name

Relationship to
child

Mobile

Child 2 Details

First Name

Last Name

Gender

Female

Date of Birth

Medical
Conditions

Swimming
Level

Assess

Child 1 Details

First Name

Last name

Gender

Female

Date of Birth

Medical
Conditions

Swimming
Level

Assess

Child 3 Details

First Name

Last name

Gender

Female

Date of Birth

Medical
Conditions

Swimming
Level

Assess

Please complete payment
details on back of form



LeisureWorld
more than a pool ...



CITY of GOSNELLS

DIRECT DEBIT REQUEST



CHOOSE YOUR PAYMENT METHOD

☐ Debit from Bank, Building Society or Credit Union Account

BSB

Account Number

Account Holder Name

Or...

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



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