



YOUR COMMUNITY LEARN TO SWIM SCHOOL

SWIM SCHOOL ENROLMENT FORM





Swimmer's Details:

Name: _____	Name:_____
DOB:_____	DOB: _____
Assessment Level: _____	Assessment Level: _____
Name: _____	Name:_____
DOB:_____	DOB: _____
Assessment Level: _____	Assessment Level: _____

Medical Information

Does Swimmer suffer from: (please circle & provide details)

Asthma / Respiratory Problems / Heart Problems / Diabetes / Epilepsy

Any other medical problems?

Is Swimmer currently taking any medication?	Yes	No

Allergies:

Is Swimmer allergic to any: (please circle & provide details)

Food / Insect / Bees / Other





Parent/Guardian Details:

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Information

Name: _____ Relationship: _____

Contact Number: _____

Preferred Sessions:

Day _____ Time _____

Parent/Guardian Consent:

- I authorise the Clem Jones Centre Staff to obtain medical attention for my child at his/her discretion in the event of illness or injury, and accept responsibility for any costs incurred while treating illness or injury.
- I am aware of the program of activities in which my child will take part.
- I consent to photo/video footage of my child participating in the Swimming Lesson/Holiday Block/Toddler Time and that these images may be posted in Newspapers, on the Clem Jones Centre Website, Social Media Pages and may be used for future advertising.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____





Office Use Only:

Membership type:

Learn to Swim

☐

Toddler Time:

☐

Date: _____

Date: _____

Classes Booked:

Membership Card Provided

☐

Data Base Entered

Name: _____

Signature: _____ Date: _____

Notes:

