

# SWIM SCHOOL REGISTRATION FORM


Parent / Guardian Details	
First Name	
Last Name	
Gender	Male/Female/Other
Address	
Suburb	
Postcode	
Email	
Mobile	

Emergency Contact <i>(other than Parent/Guardian previously supplied)</i>	
Name	
Relationship to child	
Mobile	

Child 2 Details	
First Name	
Last Name	
Gender	Male/Female/Other
Date of Birth	
Medical Conditions	
Swimming Level	

Child 1 Details	
First Name	
Last name	
Gender	Male/ Female/Other
Date of Birth	
Medical Conditions	
Swimming Level	

Child 3 Details	
First Name	
Last name	
Gender	Male/Female/Other
Date of Birth	
Medical Conditions	
Swimming Level	

Please complete payment details on back of form 





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](mailto:swimschool@gosnells.wa.gov.au)