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 1 Details

First Name	
Last name	
Gender	Female
Date of Birth	
Medical Conditions	
Swimming Level	Assess

Child 2 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

LeisureWorld
more than a pool ...