



Enrolment Form

Guildford Heated Swim Centre
1 Tamplin Road Guildford
Phone: 9721 2911

Family Name _____ Swimmers First Name _____

Address _____ Post Code _____

Home Phone _____ Date of Birth ____/____/____ Age _____ Sex _____

Fathers Name _____ Work Phone No _____

Mothers Name _____ Work Phone No _____

Email Address _____

Medical Information

Asthma	yes/no	Vision problems	yes/no
Epilepsy	yes/no	Hearing problems	yes/no
Diabetes	yes/no	Attention Deficit Disorder	yes/no
Allergies	yes/no	High blood pressure	yes/no
(Type _____)		Heart Condition	yes/no

Other _____ (Type _____)

Emergency Contact Person

Name _____ Phone (h) _____ (w) _____

PLEASE NOTIFY THE SWIM SCHOOL IF ANY OF THE ABOVE INFORMATION CHANGES WHILE ATTENDING THE ROTHWELL SWIM ACADEMY.

I declare that all medical information regarding my child or myself, whom I have provided, is complete and accurate. I warrant that my child or I am physically fit and able to engage in exercise. If any of the above information should change I will notify the swim school as soon as possible.

I, and if being a minor, my parent/s, guardian/s for and on behalf of myself, acknowledge that during all such times as I am on the premises which is organised, approved or endorsed by the Rothwell Swim Academy as an activity for me to take part in, both my property and person shall be at my own risk and I will not hold the Rothwell Swim Academy liable for any personal injury or loss of property which may arise from my actions.

If, I am unable to attend my lesson, I will notify the Rothwell Swim Academy 24 hours in advance and will organise another lesson to substitute for the missed one or pay a holding fee for my position. If I fail to notify the Rothwell Swim Academy of my absence or I will forfeit my lesson fee.

Should I wish to discontinue the enrolment, I accept that I will forfeit fees to date and will notify Rothwell Swim Academy of my intentions at least 2 weeks prior.

Signature _____

Name _____

HOW DID YOU FIND OUT ABOUT THE SWIM SCHOOL? _____

Office Use:

Start Day / Time: _____

Level: _____