



Fairholme Aquatic Swim School Enrolment



FAMILY NAME for all swimmers below: _____

Current Fairholme College students in family: _____

SWIMMER 1		SWIMMER 2	
First name:		First name:	
Date of Birth:	Gender:	Date of Birth:	Gender:
Medical Alerts:		Medical Alerts:	
SWIMMER 3		SWIMMER 4	
First name:		First name:	
Date of Birth:	Gender:	Date of Birth:	Gender:
Medical Alerts:		Medical Alerts:	

PRIMARY CONTACT

Name (first name and surname): _____

Relationship to swimmers: _____

Postal Address: _____ Postcode: _____

Phone: (h) _____ (w) _____ (m) _____

Email: _____

ADDITIONAL CONTACT	EMERGENCY CONTACT
Full Name:	Full Name:
Relationship:	Relationship:
Phone:	Phone:
Address:	Address:
Email:	Email:

TERMS AND CONDITIONS OF ENROLMENT

I _____ have read, understand and agree to the terms, conditions and policies outlined (subject to change at any time at the Swim School's discretion).

Signed: _____ Date: _____