

# NEW SWIMMERS (CHILDREN) ENROLMENT FORM



## Participant Information

Full Name of Student:

Address:

Date of Birth:

Gender:

Swimming Ability/Experience:

## Parent/Guardian Information

Full name:

Relationship to student:

Phone Number:

Email address:

## Medical & Emergency Information

Is your child suffering from any medical condition?

Is your child under medical supervision?

Is your child currently taking prescribed drugs or have done so within the last six months?

Does your child have a visual or hearing impairment?

If Yes to any of the above, please describe briefly:

Other medical history, including special needs or learning difficulties/disabilities, information processing, social/emotional need, ASD, ADHD etc:



**SHOULD ANY MEDICAL/BEHAVIOURAL ISSUES DEVELOP AT ANY TIME  
THROUGHOUT THE COURSE DURATION PLEASE NOTIFY US  
IMMEDIATELY**

By signing below, I acknowledge that:

- I have read and understood the Swim School's policies and procedures.
- I give permission for my child to participate in swim lessons.
- I agree to follow the payment, cancellation, and safety policies provided.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_