

# NEW SWIMMERS (ADULT) ENROLMENT FORM



## Participant Information

Full Name of Student:

Address:

Date of Birth:

Gender:

Swimming Ability/Experience:

## Contact Information

Phone Number:

Email address:

## Emergency Contact Information

Full name:

Relationship to you:

Phone Number:

## Medical & Emergency Information

Do you have any medical conditions we should be aware of?

Are you currently under medical supervision?

Are you currently taking prescribed medication or have you done so within the last six months?

Do you have a visual or hearing impairment?

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



Other relevant medical history, including any special needs, learning difficulties, disabilities, or other factors affecting your participation:

**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 my full permission to participate in swim lessons.
- I agree to follow the payment, cancellation, and safety policies provided.

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

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