

## Adult Enrolment Form

Name

First

Last

Email

Date of Birth

Gender

Male/Female

Phone (Mobile)

Relevant Medical Conditions

Phone (Home)

Address

Learning Disabilities

Receipt Required

YES/NO

Permission given for any photo or  
media taken of myself to be used  
for advertising or publicity purposes

YES/NO

To assist us to continue to deliver the best  
quality teaching and instruction, please  
read the terms and conditions attached.  
Please note your signature here acknowledges  
that you have read and accepted these terms  
and conditions.

Previous or current class level/  
name of previous swim school  
(if applicable)

Comments/Goals

Name

Signature

Date