



2009 / 2010 SEASON

Learn To Dive

REGISTRATION

POOL LOCATION: _____

SESSION DATE: _____

NAME: _____
(FIRST) (SURNAME)

PARENT/GUARDIAN: _____ (RELATIONSHIP)

(RELATIONSHIP)

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

DATE OF BIRTH: _____

HEALTH CARD NO: _____

ALLERGIES: _____

PREVIOUS INJURIES: _____

CURRENT SWIM LEVEL: _____

PREVIOUS SPORTS: _____

METHOD OF PAYMENT: VISA M/C CHEQUE CASH

SIGNATURE: (PARENT/GUARDIAN)