



Enrolment Form

Name:.....

Stage:

Pool Location:

Date of Birth:.....

Address:.....

.....

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Contact Number:.....

Email Address:

Any Medical Issues:

Any Special Needs:

Name of Additional Contact:.....

Additional Contact Number:.....

Signed (Parent/Guardian):.....

Date:.....

FOR OFFICE USE ONLY

Enrolment taken by.....

Date.....

Receipt Number.....

Signed