



Geelong Aquatic Centre

3 Bridge Street, Newtown, 3220
Phone: 5222 5530
Email: admin@geelongaquaticcentre.com.au
Website: www.geelongaquaticcentre.com.au

ADULT SWIMMING ENROLMENT FORM (Age 16+)

SURNAME: _____ CHRISTIAN NAME: _____

AGE: _____ D.O.B: ____/____/____ Sex: M / F

ADDRESS: _____ Suburb: _____

POSTCODE: _____ EMAIL: _____

PHONE: (H) _____ (B) _____ (M) _____

CURRENT SWIMMING ABILITY: _____

Proposed Goal to achieve:

LESSON DAY & TIMES: (Please tick which is preferable)

Tuesday PM Wednesday PM

Lessons are 1 hour duration.

\$50 Deposit is required on enrolment.

MEDICAL HISTORY:

If you have any medical history or injuries that your instructor should be made aware of, please provide relevant details. Eg: Asthma, Diabetes

A separate form should be completed for each person.

Please complete the form and return it as soon as possible to the above address or via email

OFFICE USE ONLY

COMPUTER:	Roll	Deposit	Brochure/Email	REMAINING WEEKS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>