



Geelong Aquatic Centre

3 Bridge Street, Newtown, 3220

Phone: 5222 5530

Email: admin@geelongaquaticcentre.com.au

Website: www.geelongaquaticcentre.com.au

SWIMMING ENROLMENT FORM

SURNAME: _____ CHRISTIAN NAME: _____

AGE: _____ DATE OF BIRTH: _____ M/F (circle)

ADDRESS: _____

EMAIL ADDRESS _____ POSTCODE _____

PARENTS' NAMES: MOTHER: _____ FATHER: _____

PH:(M) Mobile _____ PH:(F) Mobile _____

CURRENT SWIMMING LEVEL OR WATER EXPERIENCE: _____

HAS THERE BEEN ANY INCIDENT THAT MAY EFFECT YOUR CHILDS WATER EXPERIENCE? _____

How did you hear about our centre? _____

DO YOU HAVE OTHER CHILDREN SWIMMING AT THIS CENTRE? YES NO

IF SO, PLEASE NAME: _____

PREFERRED LESSON DAY & TIMES: I) _____

(Days Available: Monday – Saturday)

II) _____

*PLEASE INDICATE ANY DAYS YOU ARE UNAVAILABLE _____

Whenever possible we will endeavour to comply with your requests.

MEDICAL HISTORY:

If your child has any medical history that your instructor should be made aware of, please provide relevant details. Eg: asthma, diabetes etc.

A separate form should be completed for each child.

Please complete the form and return it as soon as possible

WITH A \$30 DEPOSIT to the address shown above or via email

OFFICE USE ONLY

COMPUTER: ROLLS DEPOSIT. BROCHURE EMAIL LETTER NO OF WEEKS REMAINING

Initial: _____