



Geelong Aquatic Centre

3 Bridge Street, Newtown, 3220

Phone: 5222 5580

Email: admin@geelongaquaticcentre.com.au

Website: www.geelongaquaticcentre.com.au

SWIMMING ENROLMENT FORM

SURNAME: _____

M/F Child 1: _____ DATE OF BIRTH: _____ AGE _____

M/F Child 2: _____ DATE OF BIRTH: _____ AGE _____

M/F Child 3: _____ DATE OF BIRTH: _____ AGE _____

M/F Child 4: _____ DATE OF BIRTH: _____ AGE _____

M/F Child 5: _____ DATE OF BIRTH: _____ AGE _____

ADDRESS: _____ POSTCODE _____

EMAIL ADDRESS _____

PARENT 1: _____ PARENT 2: _____

PH:(1) _____ PH:(2) _____

CURRENT SWIMMING ABILITY/LEVEL: _____

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

MEDICAL HISTORY:

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

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.

OFFICE USE ONLY

COMPUTER:

ROLLS

DEPOSIT.

BROCHURE
EMAIL LETTER

NO OF WEEKS
REMAINING

Initial: _____