



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 18+)

SURNAME: _____ CHRISTIAN NAME: _____

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

ADDRESS: _____

Suburb: _____ POSTCODE: _____

EMAIL: _____

PHONE: _____

Emergency Name: _____ Phone: _____

CURRENT SWIMMING ABILITY: _____

Proposed Goal to achieve:

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

Monday PM Tuesday PM Wednesday PM Friday PM

Lessons are 1 hour duration.

All lessons are billed monthly, and 2 weeks' notice is required for any cancellation.

MEDICAL HISTORY:

If you have any medical history or injuries that your instructor should be made aware of, please provide relevant details. E.g.: 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 type="checkbox"/>	<input type="checkbox"/>