



## Enrolment Form

DETAILS OF SWIMMER(S)		
Full Name	Birth Date	Medical Conditions
1.		
2.		
3.		

Home Pool: Frankston / Narre Warren

Start Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

First Name of Mum: \_\_\_\_\_ First Name of Dad: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Contact: H: \_\_\_\_\_ W: \_\_\_\_\_ M: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Preferred Day/Time of Sessions:

Bronze Squad: Session 1. \_\_\_\_\_ Session 2. \_\_\_\_\_

Session 3. \_\_\_\_\_

Silver/Gold: Session 1. \_\_\_\_\_ Session 2. \_\_\_\_\_

Session 3. \_\_\_\_\_ Session 4. \_\_\_\_\_

Session 5. \_\_\_\_\_ Session 6. \_\_\_\_\_

A once off Registration Fee of \$90.00 applies and must be paid on registration day by cash or cheque (payable to Kings Swimming Club).

**PHOTO/VIDEO CONSENT**

I give my permission for Kings Swim Club to photograph/video my child for use on any social media, website, advertising and training purposes.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_