

# Tivoli Swim School – Enrolment Form

- Learn to Swim Lessons                       Squad Training

SQUAD: _____ Day Booked: _____ <small>(OFFICE USE ONLY – KSS)</small>
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Preference day/days: 1..... 2.....  
3.....

FIRST NAMES: \_\_\_\_\_ SURNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO KAMBALA: CURRENT STUDENT  EX-STUDENT  SIBLING  OTHER \_\_\_\_\_

## **Contact Names**

### **Parent/Guardian 1:**

Name: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_  
Phone: (W) \_\_\_\_\_

### **Parent/Guardian 2:**

Name: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_  
Phone: (W) \_\_\_\_\_

### **Emergency Contact:** (other than parent/guardian)

Name: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_  
Phone: (W) \_\_\_\_\_

## **Medical History\*** (If applicable – please tick the box/s and specify any details if necessary)

- Asthma     Epilepsy     Glasses     Allergy     Diabetes     Hearing Aids     Disability e.g. learning, A.D.D.     Other

\* It is essential that we are informed of any pre-existing condition or illness.

Condition details: \_\_\_\_\_

Medication: \_\_\_\_\_

I, \_\_\_\_\_ hereby consent for myself/child \_\_\_\_\_ to attend the above program at TSS. I have read the Swim School booklet and agree to the rules and policies stated. I am aware of the limited parking in Tivoli Ave. and will abide by all restrictions. I understand that TSS and its staff shall be released from, and shall not incur, any responsibility or liability whatsoever for any accident or for any damage to or loss of property of the applicant. I hereby authorise TSS centre staff to organise medical treatment as they see necessary at my expense.

Signed: (By applicant or parent/guardian if under 18) \_\_\_\_\_ Date: \_\_\_\_\_