

Enrolment Form

- Learn to Swim Lessons Squad Training

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

FIRST NAMES: _____ SURNAME: _____ DATE OF BIRTH: _____ AGE: _____ SEX: _____

ADDRESS: _____ POSTCODE: _____ PHONE(H): _____

PHONE(M): _____ EMAIL ADDRESS: _____

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 on the website. 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: _____