

EPWORTH SWIMMING POOL

APPLICATION FOR SWIMMING LESSONS

CHILDS NAME.....M / F.....

ADDRESS.....

.....

.....

.....

.....

POSTCODE.....

TELEPHONE NUMBER (include STD Code).....

MOBILE NUMBER.....

AGE.....DATE OF BIRTH.....

ANY RELEVANT MEDICAL CONDITIONS.....

.....

.....

.....

ANY SWIMMING EXPERIENCE-

.....

.....

.....

SIGNED (parent / guardian).....

DATE.....