

AQUA AEROBICS

APPLICATION FOR ENROLMENT

PERSONAL DETAILS OF PARTICIPANT

FULL NAME

SURNAME

ID NUMBER

AGE

GENDER

HOME LANGUAGE

EMAIL ADDRESS

CONTACT DETAILS

W:

C:

H:

HOME ADDRESS

HOW DID YOU
HEAR
ABOUT US?

EMERGENCY DETAILS

PERSON TO BE
CONTACTED IN
AN EMERGENCY

EMERGENCY
CONTACT NUMBER

MEDICAL AID

MEDICAL AID
NUMBER



MEDICAL INFORMATION

ANY ALLERGIES

YES/NO

HEARING OR EAR
PROBLEMS

YES/NO

FAINTING OR
DIZZY SPELLS

YES/NO

LEARNING
PROBLEMS

YES/NO

GLASSES OR
CONTACT LENSES

YES/NO

ARE YOU ON ANY
MEDICATION

YES/NO

BREATHING
PROBLEMS

YES/NO

EPILEPSY
(MILD OR SEVERE)

YES/NO

PHYSICAL
INJURIES

YES/NO

HEART
PROBLEMS

YES/NO

DIABETES

YES/NO

ANY OTHER
MEDICAL
CONDITION

GENERAL INFORMATION

HAVE YOU BEEN TO
ANY CLASSES IN
THE PAST?

YES/NO

DO YOU LIKE
BEING IN
WATER?

YES/NO

CAN YOU SWIM?

YES/NO

PREFERRED DAY/S

PLEASE DATE AND SIGN THE BELOW

DATE

PARTICIPANT