

SWIMWAYS SWIMMING SCHOOL

APPLICATION FOR ENROLMENT

PERSONAL DETAILS OF SWIMMER

FULL NAME	<input type="text"/>	SURNAME	<input type="text"/>
ID NUMBER	<input type="text"/>	AGE	<input type="text"/>
GENDER	<input type="text"/>	HOME LANGUAGE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>	CONTACT DETAILS	W: C: H:
HOME ADDRESS	<input type="text"/>	HOW DID YOU HEAR ABOUT US?	<input type="text"/>

EMERGENCY DETAILS

PERSON TO BE CONTACTED IN AN EMERGENCY	<input type="text"/>	EMERGENCY CONTACT NUMBER	<input type="text"/>
MEDICAL AID	<input type="text"/>	MEDICAL AID NUMBER	<input type="text"/>



MEDICAL INFORMATION

ANY ALLERGIES

YES/NO

BREATHING
PROBLEMS

YES/NO

HEARING OR EAR
PROBLEMS

YES/NO

EPILEPSY
(MILD OR SEVERE)

YES/NO

FAINTING OR
DIZZY SPELLS

YES/NO

PHYSICAL
INJURIES

YES/NO

LEARNING
PROBLEMS

YES/NO

HEART
PROBLEMS

YES/NO

GLASSES OR
CONTACT LENSES

YES/NO

DIABETES

YES/NO

IS PUPIL ON ANY
MEDICATION

YES/NO

ANY OTHER
MEDICAL
CONDITION

GENERAL INFORMATION

CAN WE SHARE
IMAGES OF YOU
ON SOCIAL MEDIA

YES/NO

SWIMMING
ABILITY
(Please underline)

UNASSISTED
WITH FLOATING DEVICE
FEAR/ DISLIKES WATER
NEVER BEEN IN POOL

PREFERRED
DAY/S

1, 2 OR 3 LESSONS
A WEEK

PLEASE DATE AND SIGN THE BELOW

DATE

SWIMMER