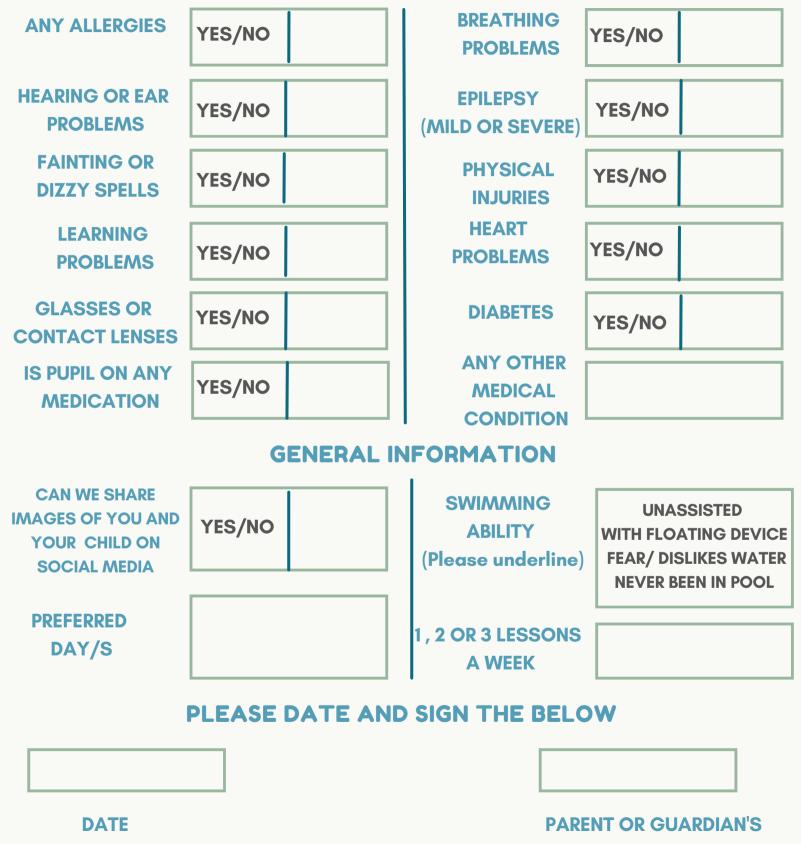


## **APPLICATION FOR ENROLMENT**

## **PERSONAL DETAILS OF SWIMMER**

FULL NAME		SURNAME	
DATE OF BIRTH		AGE	
GENDER			
PERSONAL DETAILS OF PARENT OR GUARDIAN			
NAME & SURNAME		ID NUMBER	
HOME ADDRESS		CONTACT DETAILS	W: C: H:
		EMAIL ADDRESS	
PERSON TO BE		EMERGENCY	
CONTACTED IN		CONTACT NUMBER	
AN EMERGENCY			
MEDICAL AID		MEDICAL AID NUMBER	

## **MEDICAL INFORMATION OF SWIMMER**



SIGNATURE