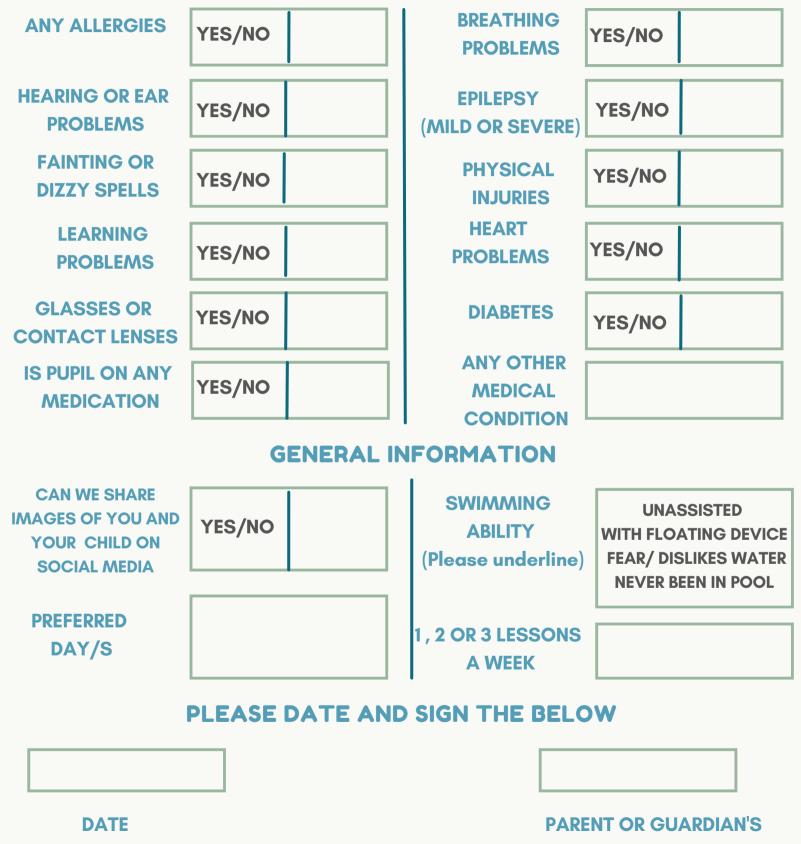


APPLICATION FOR ENROLMENT

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