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Physical address:

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Postal address:

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Person responsible for the fees - name in full:

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Identity number of person responsible for fees:

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MEDICAL HISTORY (Does the pupil suffer from:)

Chest ailments?

Yes	No

Ear ailments?

Yes	No

Heart ailment?

Yes	No

Lung ailment?

Yes	No

Low muscle tone?

Yes	No

Physical injuries?

Yes	No

Allergies?

Yes	No

Is the pupil on any medication?

Yes	No

Does the pupil wear glasses?

Yes	No

Can the mother swim?

Yes	No
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Can the father swim?

Yes	No
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Has the pupil had swimming lessons in the past?

Yes	No
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If yes, with whom and for how long?

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Has the pupil had any bad experiences pertaining to swimming?

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Any other information the instructor should be aware of?

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I/We hereby certify that the details as set out herein are both true and correct and confirm that I/We have read and understand the terms and conditions herein, and agree to be bound hereby.

INSERT CHILD BIRTH CERTIFICATE HERE