Phone: Cell

Knysna Aquatics

Knysna Aquatics ENROLMENT FORM

SWIMMING CONTRACT OF ENROLMENT between Knysna Aquatics

and

PARENT/GUARDIAN

PUPIL'S DETAIL	PHRE	NIZGUR	AKDIAIN					
First name:		· · · · · · · · · · · · · · · · · · ·	, ,			Girl	Воу	
Surname:			· ·	· · · · · · · · · · · · · · · · · · ·				
Nickname:								
ID Number:			· · ·	.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Date of Birth:	Year			Month		Date		
PARENT/GUARDIAN DETAILS								
Mother:					·			
Email:								
Phone: Work				· · · · · · · · ·				
Phone: Cell								
Father:			·		<u> </u>			
rather:		· · · · · · · · · · · · · · · · · · ·	÷	.		,		
Email:								
	· · · · · · · · · · · · · · · · · · ·							
Phone: Work		· · · · · ·						

Physical address:												
Postal address:												
Person responsible for the	e fees - name in i	di:										
Identity number of person responsible for fees:												
MEDICAL HISTORY (Does the pupil suffer from:)												
Chest ailments?	Yes No	Phy	Physical injuries?									
Ear ailments?	Yes No	Alle	Allergies?									
Heart ailment?	Yes No	ls i	Is the pupil on any medication?									
Lung ailment?	Yes No	Doe	Does the pupil wear glasses?									
Low muscle tone?	Yes No			1 1	ı							
Can the mother swim?	Yes No	Car	the father swim?	Yes	No							
Has the pupil had swimming lessons in the past? Yes No												
If yes, with whom and for how long?												
Has the pupil had any bad experiences pertaining to swimming?												
Any other information th	e instructor shou	be aware of?										

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