## Registration Form – Adult Programme



Please fill out clearly in BLOCK CAPITALS

Swimmer details	Title:	Male/Fem	ale
First name:	Last name:	Known as	÷
Telephone:	(home)	(work)	(cell)
Email:			
Medical/health information			
Swimming ability  non swimme	r ☐ intermediate (can sw	im 10 meters)	
Where did you hear about SwimJamaic	a?		
Signature:			llease note: No refunds are given
For office use Payment received \$ cash □	check □ #		iodoc note. No refunds dre given

SwimJamaica Tel: 926-1514 Fax: 920-6129 Email: info@swimjamaica.com www.swimjamaica.com