

Parent/Guardian details (if under 18)

Given name: Family name:
Address: Suburb: Postcode:
Home phone: Mobile:
Email:

Emergency contact (required)

Name: Phone: Relationship:
Same as parent/guardian listed above

Class Preferences

Participant 1

Name: Swipe card number: Level:
Current class day/time:

Participant 2

Name: Swipe card number: Level:
Current class day/time:

Participant 3

Name: Swipe card number: Level:
Current class day/time:

Participant 4

Name: Swipe card number: Level:
Current class day/time:

Credit card payment option (Form can be submitted to reception and the receipt mailed to your home address)

Visa Mastercard AMEX

Card number: Expiry date:
Signature:

Please note:

I adhere to the conditions of entry stipulated at www.ais.gov.au/visit/aquatic/public-swimming/public_swimming/conditions-of-entry including, but not limited to, the adequate supervision of children.