

REGISTRATION FORM

Date: _____

Swimmer Surname _____

Swimmer
First Name _____

Date of Birth _____

Address _____

Parents Name _____

Telephone Number _____

Notification
contact Email
and/or Facebook _____

Medical Conditions _____

*Last SOS class
Level _____

*** Swimmers will be placed in sessions to suit their skill level**

Please tick suitable class under preferred day and we will accommodate where possible

CLASS	TUE	WED	THUR	SAT
TADPOLES		<input type="checkbox"/> 11.05-11.35 <input type="checkbox"/> 11.40-12.10	<input type="checkbox"/> 11.05-11.35 <input type="checkbox"/> 11.40-12.10	<input type="checkbox"/> 10:35 – 11:05 <input type="checkbox"/> 11:45 – 12:15 <input type="checkbox"/> 12:20 – 12:50
TURTLES		<input type="checkbox"/> 12.20-12.50	<input type="checkbox"/> 12.20-12.50	<input type="checkbox"/> 10:00 – 10:30 <input type="checkbox"/> 11:10 – 11:40
SQUIDS	<input type="checkbox"/> 4:00 – 4:30 <input type="checkbox"/> 4:35 – 5:05	<input type="checkbox"/> 4:00 – 4:30 <input type="checkbox"/> 4:35 – 5:05	<input type="checkbox"/> 4:00 – 4:30 <input type="checkbox"/> 4:35 – 5:05	<input type="checkbox"/> 10:00 – 10:30 <input type="checkbox"/> 10:35 – 11:05 <input type="checkbox"/> 10:35 – 11:05 <input type="checkbox"/> 11:45 – 12:15 <input type="checkbox"/> 11:45 – 12:15
JELLYFISH	<input type="checkbox"/> 4:00 – 4:30	<input type="checkbox"/> 4:00 – 4:30 <input type="checkbox"/> 4:35 – 5:05	<input type="checkbox"/> 4:35 – 5:05 <input type="checkbox"/> 5:10 – 6:00	<input type="checkbox"/> 10:00 – 10:30 <input type="checkbox"/> 11:10 – 11:40 <input type="checkbox"/> 12:20 – 12:50
SEALS	<input type="checkbox"/> 4:35 – 5:05	<input type="checkbox"/> 5:10 – 5:40	<input type="checkbox"/> 4:00 – 4:30	<input type="checkbox"/> 11:10 – 11:40 <input type="checkbox"/> 12:20 – 12:50
STINGRAYS	<input type="checkbox"/> 5:10 – 6:00	<input type="checkbox"/> 5:10 – 6:00	<input type="checkbox"/> 5:10 – 6:00	<input type="checkbox"/> 09:00 – 09:50
SHARKS	<input type="checkbox"/> 5:10 – 6:00			
ADULT NON SWIM				<input type="checkbox"/> 09:00-09:50
ADULT SWIM				<input type="checkbox"/> 09:00-09:50

OFFICE USE ONLY

SWIMMERS NAME: _____

DAY/DATE	CLASS	TIME

Comments _____

