



Central Swim School Enrolment Form – Adult

Title: _____ First Name: _____ Surname: _____

Male/Female: (Please circle one)

Postal Address: _____

Town: _____ Post Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact Person Information:

Name: _____ Cell Phone: _____

Do you have any medical conditions or an allergy Y N

(please detail so we can beware of your needs):

Preferred Day: Monday Tuesday Wednesday Thursday Friday Saturday
(Please Tick)

Where: (Please Tick) Cromwell Pool Alexandra Pool

Note: Due to high demand, Central Otago Swim School does not accept tentative bookings. Once a booking is made, it must be paid for before this booking is treated as confirmed. Fees for our swim programmes during the year are to be paid in advance by direct credit at the pool facility or fortnightly direct debit, or via cash/EFTPOS before lessons commence.

Do we have permission to use digital images for the purpose of advertising or promotional material?

Yes No

For more information or queries please contact 03440 0680 or 021 490 264 or email to centralswimschool@cdc.govt.nz

I have read the terms and conditions

Signature: _____ Date: / /20

Staff to complete: Envibe Swim School number: _____ Date Swim School Class Fees paid / /20_____

Sold by Staff (Name): _____ What was Purchased: _____

Payment Type: EFTPOS, Cash, Direct Debit, Credit Card (Please circle one).

Information added in Envibe by: _____ Update of information only Yes No