



# Adult Enrolment Form

Name: \_\_\_\_\_  
Family name First name

Childs Name (for Aqua only): \_\_\_\_\_

Your Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Contact \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Student Gender: Male  / Female

Squad  Adult learn to swim Classes  Private Lessons  You and Bub Aqua

Do you have any medical conditions Y  / N

(please detail so we can be aware of your needs):

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

Where: Cromwell Swim Centre  Molyneux Aquatic Centre   
(Please tick)

**Note:** If you find you are unable to attend the Term/Holiday classes that you have enrolled for please advise us by email to [centralswimschool@codc.govt.nz](mailto:centralswimschool@codc.govt.nz). **Note this must be done before the beginning of the Term or before Holiday classes start, or a booking fee of 25% of the class fee may be charged.**

Do we have permission to use digital images for the purpose of advertising or promotional material?  
Yes  No

### Minimum numbers apply

For more information or queries please contact 03 440 0680 or email [centralswimschool@codc.govt.nz](mailto:centralswimschool@codc.govt.nz).

Signature \_\_\_\_\_