

Adult Enrolment Form

Name

First

Last

Email

Date of Birth

Gender

Male/Female

Phone (Mobile)

Relevant Medical Conditions

Phone (Home)

Address

Learning Disabilities

Receipt Required

YES/NO

Permission given for any photo or
media taken of myself to be used
for advertising or publicity purposes

YES/NO

Please read and familiarise yourself with the
TSS Terms of Trade (found on our website).

Please note, your signature here acknowledges
that you have read and accepted the TSS Terms
of Trade and the TSS Cancellation policy therein.

Name

Signature

Date

Previous or current class level/
name of previous swim school
(if applicable)

Comments/Goals