Tauranga Swim School
Your potential, our passion!

Adult Enrolment Form

Name

First Last

Email

Phone (Mobile)

Phone (Home)

Address

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 tick to acknowledge that:**
I have read and accept the TSS Terms of Trade and the TSS Cancellation policy therein.

Date

Signature

Gender

Male / Female / Prefer not to say

Any Relevant Medical Conditions

Learning Disabilities

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

Comments/Goals

How did you hear about us?

Thank you.

We look forward to seeing you at the pool!