



SWIMMING

APPLICATION FORM

78 LOURENS STREET, MIDRAND SPLASHYTOESSWIM@GMAIL.COM WWW.SPLASHYTOES.CO.ZA

PARENT/ GUARDIAN'S PERSONAL DETAILS

First Name

Last Name

ADDRESS

Street Address

Postal / Zip Code

City

State / Province

EMAIL ADDRESS

ID NUMBER OF PARENT/ GURDIAN

CELL/ PHONE NUMBER

SWIMMER'S PERSONAL DETAILS

First Name

Female

☐

Male

☐

Last Name

Date Of Birth

PLEASE INDICATE IF SWIMMER IS..

Beginner

☐

Intermediate

☐

Advanced

☐

Baby Swimmer

☐

OTHER RELEVANT INFORMATION ABOUT SWIMMER?

DOES SWIMMER HAVE ANY ALLERGENS?

Asthma

☐

Epilepsy

☐

Ear Problems

☐

PAYMENT METHOD: CASH / DEPOSIT / EFT

ACCOUNT NAME: NEDBANK

ACCOUNT TYPE: CHEQUE ACC NO: 1226510701

REFERENCE: SWIMMER'S NAME

CONTACT US ON +27 81 775 8168

R200 ONCE OFF REGISTRATION FEE