

Registration Form – Adult Programme



Please fill out clearly in BLOCK CAPITALS

Swimmer details

Title:

Male/Female

First name:

Last name:

Known as:

Telephone: (home) (work) (cell)

Email:

Medical/health information

Swimming ability non swimmer intermediate (*can swim 10 meters*)

Where did you hear about SwimJamaica?

Signature:

Date:

Please note: No refunds are given

For office use

Payment received \$ cash check #

Onto database Notes:

SwimJamaica Tel: 926-1514 Fax: 920-6129 Email: info@swimjamaica.com www.swimjamaica.com