



# Registration Form – Summer Programme (National Stadium)

**Swimmer details**Male / Female      Date of birth ..... *(children only)*

First name ..... Last name ..... Known as .....

Medical/health information .....  
*(any illness/medical conditions etc.)*Parent/Guardian names *(for children)* .....Telephone ..... *(home)* ..... *(work)* ..... *(cell)*

Email .....

**Swimming ability**     non swimmer     intermediate *(can swim 10 meters)*    SwimJamaica Level .....**Registering for**Children's lessons

- Group  Course 1 (July 7-23)
- Course 2 (July 24-Aug 8)
- Course 3 (Aug 11-22)

One2one  5 lessons     10 lessonsAdult lessons

- Group  5 lessons
- 10 lessons

One2one  5 lessons     10 lessonsParent & Toddler

Signature .....      Date .....

**Payment** *A completed form reserves a place. Full payment due at start of first lesson.*

How did you hear about SwimJamaica? .....

**For office use** Payment received \$ ..... cash  check  # ..... Onto database  Notes:**Please return to the office at the National Stadium Pool – Fax #: 920-6129**  
Tel #:926-1514    info@swimjamaica.com

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