

Registration Form – Toddler Programme



Please fill out clearly in BLOCK CAPITALS

Childs details

Date of birth:

Male/Female

First name:

Last name:

Known as:

Medical/health information

Parent details:

Name(s):

Email:

Telephone: (home) (work) (cell)

I give permission for photographs taken during lessons to be used by SwimJamaica in their promotional materials.

(check this box if you **do not** wish photographs to be taken of your child).

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