

Enrolment Form

Name..... Date of Birth

Address..... Telephone No.....
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..... Parent/guardian Mobile's.....
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Email Address.....

Emergency Contacts

Name..... Telephone No.....

Name..... Telephone No.....

Previous Experience (if any)

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Medical Conditions or injuries

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I give permission for first aid to be administered should it be required
and for my doctor to be contacted if necessary.

Name of Doctor..... Tele. No.....

Signed..... (parent/guardian)

Name.....