

Skyward Whale Swimming Association

ENROLMENT FORM		
STUDENT'S INFORMATION		
Name:	(Family name)	(Given name)
Date of birth:	Age:	Gender:
Home Address:		
Language spoken at home: English / Cantonese / Mandarin / Others: _____		
Home Phone:	Number of Siblings:	Age(s):
PARENT'S INFORMATION		
Name:	(Family name)	(Given name)
Mobile:	Email:	
Occupation:	Relationship to child:	
EMERGENCY CONTACT		
Name:	(Family name)	(Given name)
Home:	Work:	Mobile:
Relationship to child:		
CHILD'S HEALTH BACKGROUND		
Any allergies?		
Any medical conditions?		
Any special needs we should be aware of?		
PROGRAMME ENROLMENT		
Programme:		1 : 1 / 1 : 2 / 1 : 3
Day: MON / TUES / WEDS / THURS / FRI / SAT		Time:
Class	✓	Requirement
Parenting		In between half year old and two and a half year old
Preschool		In between two year olds and six year olds
elementary		Six year olds or above, new learner
Intermediate		Able to swim 50-metre long by breaststroke and free-style and tread water
Advance		Able to swim 100-metre long by breaststroke ,free-style and butterfly and tread water
SIGNATURE		
<input type="checkbox"/> I have read and agreed with non-refundable/transferrable policies, Limited Rules, Terms and Conditions. <input type="checkbox"/> I declare that: I am healthy, physically fit, and suitable to participate in the above activity. Skyward Whale Swimming Association shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury, death or financial loss is due to my own negligence or inadequacy in health and fitness.		
Signature:		Date: