

# 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](mailto:info@swimjamaica.com) [www.swimjamaica.com](http://www.swimjamaica.com)