

ENROLMENT FORM

KEN AND MICHELLE SABOTIC

Phone : 0414557979

Family Name: Christian (A).....
..... Christian (B)
..... Christian (C)

CHILD'S DETAILS

Address:..... DOB (A)
..... DOB (B).....
..... DOB (C)

Mothers Name..... Phone.....

Fathers Name..... Mobile.....

Email Address.....

EMERGENCY CONTACT

Name..... Phone.....

Health Details: eg. Injuries, Allergies, Asthma etc.

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Consent Form

I here by consent to my child/children
To take part in the swimming program conducted at the All Saints School Pool by Ken & Michelle Sabotic. If at any time my child is in need of emergency medical, hospital or ambulance services & neither parent can be located, I give my consent for their use at my expense.

Signed.....Relationship.....

Date.....
