

WATKINS SOUTHSIDE SWIMMING

PERSONAL DETAILS

(Confidential)

Name

D.O.B.

Child/Childrens Names:

1. _____

(Plus Date of Birth)

2. _____

3. _____

4. _____

Mother's First and Last Name:

Father's First and Last Name:

Address:

Phone - Home:

- Work:

- Mobile

E-Mail:

Medical conditions or

medication we should

be aware of:

Signed:

Date:
