



Swimming Registration form

Name:	
Age:	
Date of birth:	
Parent's name:	
Contacts:	
Mobile:	
Email:	

Instructor name:	
Location:	
Swimming Days:	
Time:	

I, _____ parent/legal guardian
of _____ hereby confirm that the swimmer
is healthy and able to participate in swimming lessons. I do not hold the
management of Soul Sports or the swimming coach responsible for any
accident caused in or around the pool.

Does your child have any medical conditions? YES NO
IF YES PLEASE STATE BELOW:

SIGNATURE OF PARENT/LEGAL GUARDIAN:

DATE:

