



Enrolment Form

Email: info@macksvillemafc.com.au

Ph: (02) 6568 1445

www.macksvillemafc.com.au

Personal Information

Surname

First Child

Date of Birth / / Male Female

Second Child

Date of Birth / / Male Female

Third Child

Date of Birth / / Male Female

Medical Conditions & Special Considerations _____

Contact Information

Parent/Guardian Name

Contact Numbers Home Mobile

Address

Suburb Postcode

Email

Days Preferred: Mon Tues Wed Thurs Fri Sat

Time(s) Available: (e.g.: 3.30pm - 5pm) _____

By signing this enrolment form I am agreeing to the Macksville Memorial Aquatic and Fitness Centre First Splashes Learn to Swim Program Terms and Conditions.

Parent / Guardian Signature _____ Date: _____

The Macksville Memorial Aquatic & Fitness Centre proudly delivers the First Splashes Learn To Swim Program.

A program endorsed by both AUSTSWIM and SWIM AUSTRALIA



Office Use Only

Enrolment Accepted date / /

Added to Links date / /

Links Client #

Method of Payment: Cash / EFTPOS / D.Debit

Entered by (staff initials):

