



LIBRA SWIMMING ACADEMY REGISTRATION FORM

Surname (if Surnames differ - please indicate with First Name)

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Swimmer's First Name		Swimmer's First Name	
Date of Birth	d d m m y y y y	Date of Birth	d d m m y y y y
Which discipline do you wish take part in ?	Tri/OW Masters/Fitness	Which discipline do you wish take part in ?	Tri/OW Masters/Fitness
Virgin Active Card Number		Virgin Active Card Number	

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Swimmer's First Name		Swimmer's First Name	
Date of Birth	d d m m y y y y	Date of Birth	d d m m y y y y
Which discipline do you wish take part in ?	Tri/OW Masters/Fitness	Which discipline do you wish take part in ?	Tri/OW Masters/Fitness
Virgin Active Card Number		Virgin Active Card Number	

Please complete the following in full

Physical Address		Postal Address	
		Postal Code	
Phone Home	0	Phone (Work)	0
Cellphone	0	Fax	0
e-mail address (vital for communication purposes)		Doctor Name and Telephone Number	Name: 0
Medical Information eg Allergies, Asthma, Epilepsy, Grommets in ears, physical and/or mental disabilities etc		Other relevant information eg. Near drowning experiences, fear of water, lack of confidence etc.	
Details of any previous swimming lessons and/or training including name of Swimming School/Club/ Coach		Please supply the names and telephone numbers of 2 references (family members or friends not living with you)	Name: 0 Name: 0

I, the undersigned have read the Terms and Conditions and the Fee Structure of Libra Swimming Academy and accept the Terms and Conditions and the fees contained therein. I agree to abide by these Terms and Conditions and to pay all fees due to Libra Swimming Academy. I acknowledge that I have received a copy of the Terms and Conditions and the Fee Structure.

Signature of Swimmer or Parent/Guardian if swimmer is under 18yrs

Date of Signature

Date of commencement of training