



# Libra Swimming Academy Pupil Enrolment Form

	1st Pupil in family	2nd Pupil in family
Pupil's Surname		
Pupil's First Name		
Date of Birth		
School / Nursery School		
Person who will bring child to lessons		
Home Phone		
Mobile Phone		
Is this person a member of Virgin Active?	<input type="checkbox"/>	
Doctor Name		
Doctor Phone Number		
Medical Aid		
Medical Aid Number		
Physical/mental disabilities		
Allergies		
Medications		
Any other info we should know about		
Enrolling for 2015 (tick for yes)	<input type="checkbox"/>	
Date to start		
Previous Swim School if applicable		
Option: 1xweek (Saturdays) OR 2xweek (Mon/Wed or Tues/Thurs)		
2 Months off Option - which months:		

If you want to make use of the 2 month-off Option please ensure you sign the form and Terms + Conditions for that Option together with the Standard Terms + Conditions. This Option can only apply to those enrolling in 1st term.

Parent/Guardian of the above pupil/s hereby enrolls him/her/them for 2015 in accordance with the Standard Terms and Conditions and agrees to pay all fees due as per the Fee Structure for 2015.

Signature of Parent/Guardian

Full Name of Parent/Guardian		Date of signature	
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OFFICE USE - Class Booked into:		
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