



REGISTRATION FORM

NEW WAVE AQUAFIT

Surname: _____ Forename: _____ DOB: _____

Full postal address: _____

_____ Postcode: _____

Tel. (Home): _____ (Mobile): _____ (Work): _____

Swimmer/Non-Swimmer (delete as appropriate)

E-Mail: _____

Details of injuries (if any) : _____

Details of any medication: _____

IMPORTANT NOTE:

**IT IS THE RESPONSIBILITY OF THE REGISTRANT TO SEEK HIS OR HER MEDICAL PRACTITIONERS
ADVICE AS TO THE ADVISABILITY OF THE REGISTRANT PARTICIPATING IN AQUAFIT**

PLEASE NOTE

Missed classes can only be made up (if possible) during the current term, and unfortunately cannot be carried forward to the next term.

Signature: _____

Print name: _____

Date: _____