



# WAITAKI AQUATIC CENTRE

## Swim School Members Details

Today's Date: \_\_\_\_\_

Name:	
D.O.B.:	Age:
Name:	
D.O.B.:	Age:
Name:	
D.O.B.:	Age:

<b>COURSE:</b>	✓
Infant & Preschool Lessons	
After School Lessons	
Squad	
Block	
Home school	
Other	

Parents/Caregivers Full Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parents/Caregivers Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Emergency Contact Person & Telephone: \_\_\_\_\_

Please give any details of any medical condition(s) that the above named pupils may be affected by and that our staff should be made aware of (e.g. asthma):

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Please hand to Reception or Post to: Waitaki Aquatic Centre

Private Bag 50058

OAMARU 9444

[www.waitaki.govt.nz/waitakiaquaticcentre](http://www.waitaki.govt.nz/waitakiaquaticcentre) (03) 433 0410 [aquaticcentre@waitaki.govt.co.nz](mailto:aquaticcentre@waitaki.govt.co.nz)



*Growing strong communities.*



**Waitaki**  
DISTRICT COUNCIL  
TE KAUNIHERA A ROHE O WAITAKI