



www.capitalswim.co.nz

Membership Enrolment Form

PLEASE COMPLETE AND RETURN, WITH THE RELEVANT TERM FEE TO YOUR COACH

If transferring from another Swim Club, previous Club _____ Transfer form included: Yes No

SWIMMER DETAILS

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

School: _____ Year: _____

PARENT/GUARDIAN/CAREGIVER DETAILS

First Name: _____ Last Name: _____ Relationship: _____
(Father/Mother/Guardian/Caregiver)

First Name: _____ Last Name: _____ Relationship: _____
(Father/Mother/Guardian/Caregiver)

Address: _____

Phone (Hm): _____ Mobile: _____ Phone (Wk): _____

Email: _____

The Club operates using email for ALL correspondence (eg, fees, newsletters, squad info), therefore please ensure email address is correct.

FORM (COMPLETED BY)

I understand that I will be liable for all squad fees, meet entry fees and yearly registration fee (see fee schedule for details) associated with the above swimmer whilst a member of Capital Swim Club.

Signature: _____ Date: _____
(Parent/Guardian/Caregiver)

FEES

Squad Fee (payable on joining and start of each term) \$

Total Received \$

SQUAD DETAILS

Squad: _____ Training Times: _____ Fee per term: _____

COACH TO COMPLETE AND SIGN

Start Date: _____ Fees Collected: Yes No

Signature: _____ Date: _____