



**Bee's Little Swimmers**

Phone: 083 355 0279

Email: [info@beeslittleswimmers.co.za](mailto:info@beeslittleswimmers.co.za)

Address: 20 Florence Street, Colbyn, Pretoria

Kindly complete the following form.

All of the information requested must be completed in their entirety and a signature is required.

SWIMMER#1 NAME		DATE OF BIRTH	AGE ON START DATE
HOME ADDRESS			
		POSTAL CODE	
TELEPHONE	IN CASE OF EMERGENCY	EMAIL	
ALLERGIES OR MEDICAL CONDITIONS			
SWIMMER#2 NAME		DATE OF BIRTH	AGE ON START DATE
ALLERGIES OR MEDICAL CONDITIONS			
SWIMMER#3 NAME		DATE OF BIRTH	AGE ON START DATE
ALLERGIES OR MEDICAL CONDITIONS			
PREFERRED PAYMENT METHOD (PLEASE INDICATE WITH AN "X")		PREPAID	TERMLY

PARENT/GUARDIAN SIGNATURE		DATE
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**Please return this completed form to myself or email it to [info@beeslittleswimmers.co.za](mailto:info@beeslittleswimmers.co.za)**