

ENROLMENT FORM

Royal Life Saving SA – GREY MEDALLION PROGRAM 2017

Participants Name: _____

Address: _____ Postcode: _____

Email: _____@_____ Telephone: _____

Emergency Contacts:

Name: _____ Telephone: _____

Relationship to participant: _____

I allow RLSSA to use any photos for future program promotions YES / NO

In the case of an emergency do you consent to us calling an ambulance? YES / NO

Signature: _____ Date: _____

Date of Birth: _____ M / F

Location: _____ Date of program enrolling in: _____

Medical Conditions:

- Asthma Epilepsy Allergy Diabetes
 Other: _____

Medication: _____

PAYMENT DETAILS: \$30 per participant (please note this does not include pool entry fees)
Please find enclosed my cheque/money order for \$ _____ (cheques and money orders to be made payable to RLSSA SA Branch Inc)

OR

Credit Card Details Card Holders Name: _____

Expiry Date: ___ / ___ **Card Number:** _____ **CVV:** _____

Signed: _____ **Dated:** _____

Royal Life Saving SA Branch
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North Adelaide SA 5006
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swim@royallifesavingsa.com.au

