



**St Mary's**  
ANGLICAN GIRLS' SCHOOL

**MASTERS TRAINING REGISTRATION**

**SWIMMER'S PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_  
Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical Conditions: \_\_\_\_\_ (eg: Asthma/Anaphylaxis)

**CONTACT INFORMATION**

Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**OFFICE USE ONLY**

Masters \$10

**CREDIT CARD DETAILS**

Visa  Mastercard  
Card Holder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_  
Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_