



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

<input type="checkbox"/> Masters \$10

CREDIT CARD DETAILS

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card Holder's Name: _____	
Card Number: _____	Expiry Date: ____/____
Card Holder's Signature: _____	Date: ____/____/____

PLEASE RETURN THIS FORM TO SENIOR SCHOOL RECEPTION OR VIA EMAIL TO ddemattia@stmarys.wa.edu.au