

Castle Hill RSL Swimming Club Registration Form

Contact Details

<i>Name:</i>	
<i>Address:</i>	
<i>Phone:</i>	
<i>Mobile:</i>	
<i>Email:</i>	
<i>CH RSL Member#:</i>	
<i>Date of Birth:</i>	

Emergency Contact Details

<i>Name:</i>	
<i>Relationship:</i>	
<i>Email:</i>	
<i>Phone:</i>	

Agreement and Signature

I agree to abide by the rules of the Castle Hill RSL Swimming Club

<i>Name:</i>	
<i>Signature:</i>	
<i>Date:</i>	

Admin Use Only

<i>Membership type:</i>	Full \$15		
<i>Payment Date:</i>		<i>Amount:</i>	\$
<i>Masters Membership#:</i>			