



CSS's TEACHER TRAINING PROGRAM



TEACHER TRAINING PROGRAM APPLICATION

APPLICANT NAME:

DATE OF BIRTH:

CONTACT NUMBER:
(APPLICANT)

EMAIL ADDRESS:

ADDRESS:

CONTACT NUMBER:
(PARENT/GUARDIAN
*IF APPLICABLE)

EDUCATION

NAME OF HIGH
SCHOOL/UNIVERSITY:

GRADE/YEAR:

HAVE YOU PREVIOUSLY
ATTENDED LESSONS WITH
CSS?

PARENT/GUARDIAN PERMISSION IF UNDER 16

I, _____ (Parent/guardian name), hereby grant _____
(Child's name) permission to sign up for the CSS Swimming Teacher Program

Date

Parent/guardian Signature and printed
name