

Swimming Crash Course Booking Form

PERSONAL DETAILS					
Name of the Swimmer					
Date of Birth					
Gender (please circle)	Female		Male		
Name of the Parent/Carer					
Telephone Number					
Email Address					
Home Address					
Post Code					
Date of the Request					
EMERGENCY CONTACT DETAILS					
Name of Contact					
Telephone Number					
COURSE DETAILS					
Course Name / Stage					
Time					
Week (please circle)	Week 1		Week 2		
Please initial the days attending the crash course	MON	TUE	WED	THU	FRI
Age at the start of the Course					
Please give details of any previous swimming experience E.g.: badge/stage achieved, distance, etc.					
Please state any medical conditions, special educational needs or allergies that you feel we should be aware of					
Additional Note / Request					
Declaration	<p>I hereby confirm that I have read, understood, and agree on behalf of myself and/or the swimmer, that we will abide by the Terms and Conditions as stated.</p> <p>I agree that I have disclosed accurate information about medical conditions and/or additional needs for which special arrangements or notifications are required.</p>				
Signature					