

# Swim Scheme Booking Form

PERSONAL DETAILS						
Name of the Swimmer						
Date of Birth						
Gender (please circle)	FEMALE	MALE		OTHER		
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						
Preferred Day(s)	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY	OTHER	
Preferred Time(s)						
Course Name / Stage (please circle)	PRE-SCHOOL	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5
	STAGE 6	STAGE 7	ROOKIE LIFEGUARD	ADULT GROUP SESSION	PRIV LESSON	
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						