

Childs Name		Date of Birth	
		/ /	
Parents Name			
Address			
Email			
Mobile		Telephone	
<p>Does your child have any allergies and/or any medical conditions that we should know about.</p>			
<p>Does the parent or carer in the water have any medical conditions that we should know about.</p>			
Name:			
<p>Please sign and date to confirm you have read and agree to the terms and conditions of our swimming lesson's.</p>			
Please Sign		Date	

Please Note – This form must be brought filled in and signed to your lesson.

- Payment will be made at the end of every term to secure your place for the following term, by the given date.
- No money will be refunded for absence or illness.
- Please ask if you wish to take a photo of your child.
- The children are the sole responsibility of the parent/guardian at all times. Under no circumstances must the children be left unattended.
- All children will need to wear swimming hat. First one free.
- No jewellery, watches or friendship bands are to be worn in the swimming lessons.