



## **SWIM COURSE ENROLMENT FORM** **EXISTING**

<b>Course Details:</b>	<b>DAY:</b>	<b>TIME:</b>	<b>Course Cost:</b>	<b>£</b>
	<b>STAGE:</b>			

### **PERSONAL DETAILS**

<b>SURNAME</b>		<b>FIRST NAME(S)</b>	
<b>Date of Birth</b>			
<b>ADDRESS</b>			
		<b>POSTCODE</b>	

<b>NAME OF SCHOOL</b>
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<b>CURRENT YEAR GROUP FOR TERMS SWIMMING</b>
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### **CONTACT DETAILS**

<b>☎ DAY</b>		<b>☎ EVE</b>	
<b>EMAIL</b>			

### **MEDICAL / HEALTH DETAILS AND EMERGENCY CONTACTS**

<b>Please detail any specific medical / health conditions the instructor(s) should be aware of e.g. asthma, allergies, epilepsy, hearing difficulties, learning difficulties etc</b>

	<b>Emergency Contact Name</b>	<b>☎ DAY</b>	<b>☎ EVE</b>
<b>1.</b>			
<b>2.</b>			

<b>Please detail any other information you feel the instructor(s) should know</b>

**REFUNDS POLICY:** I understand that, if a session is undersubscribed, management reserve the right to cancel a session. An alternative date and/or time will be offered if possible. No refund will be issued for missed sessions unless cancelled by management. *There are no other circumstances under which I am entitled to a refund.*

#### **Declaration:**

I have completed this form to the best of my knowledge. I agree to these details being stored on a computer for administrative purposes only and will provide details of any changes to my circumstance as they occur. I have read, understand and accept the refunds policy shown and accept that my child's place on any course is strictly non transferable.

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_