

Your Swim School Lessons

Today's Date

Child's Name.....D.O.B.....M/F.....

Address.....

.....Postcode.....

Any Medical conditions / Allergies / Special Needs.....

.....

Email Address.....

Contact No: Home.....Mobile.....

Preferred method of communication..... Post Email Telephone

(There may be occasions from time to time, when we need to communicate changes/cancellations to the lessons programme. We will do this via your preferred method on contact. Please make sure this is marked on the form above)

Parent / Guardian Name.....

Relationship to child.....

Any previous swimming experience Y or N..... (If Yes please specify what they have achieved i.e. Dolphins, Ducklings etc.

Preferred day(s). M.....T.....W.....Th.....F.....S.....Su..... (Please circle)

Staff signature.....

Data Protection

All information supplied is stored in accordance with the General Data Protection Act and will only be used for the purpose of administering your swimming lesson application, as well as supplying you with information that we feel will be of benefit to you.

We will not pass your details onto any third party, but we may make you aware of offers from our corporate sponsors from time to time. Please tick here if you are happy for us to contact you with information or offers, not directly related to the swimming lessons applied for on this form

For further details of our Privacy Policy, please refer to our web site

www.stocksbridgeclc.co.uk

Office use only

Enrolled on lessons Y or N Class Number.....Start Date.....

Contact attempts

Date	Time	Message left	Initial
1.			
2.			
3.			

Stocksbridge Community Leisure Centre, Moorland Drive, Stocksbridge, Sheffield, S36 1EG
Tel: 0114 2883792 or email swim-enquiries@stocksbridgeclc.co.uk