**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: 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…... (Please circle)

Is your child registered with the Children’s University to gain extra-curricular credits? ………………

If so, please state which school they attend ………………………………………………

If not, would you like further information about the Children’s University? ……………………

Parent/guardian 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**](http://www.stocksbridgeclc.co.uk)