

JSBSwim

ENROLMENT FORM

(Please complete this form on Week 1)

Pupil's name:

Parent's/guardian's name:

Address:

Telephone Numbers:

E mail:

Date of birth:

Any relevant medical/other considerations we should be aware of:

Previous badges/swimming ability:

What are your expectations of swimming here?

If you are an adult learning to swim, contact details of friend/next of kin:

COURSE CONDITIONS

- Total cost of course paid on week 1
- Illnesses and absences must be forfeited
- Refunds may be made in EXCEPTIONAL circumstances
- If an instructor is ill or on holiday, alternative cover will be provided
- Data protection – all information will be kept in confidence

DISCLAIMER

Whilst the utmost care is taken, JSBSwim will not be held responsible whatsoever for damage, loss, accident or incident arising from these lessons, or on these premises. Children are your responsibility before and after their swimming lesson.

Signed.....Date.....