



KIM CHAPMAN SWIMMING SCHOOL

APPLICATION FORM

First Name		Surname	
Parent/Guardian First Name		Parent/Guardian Surname	

Date of Birth	
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Address	
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Email Address	
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Contact Numbers

Home		Mobile	
Work		Emergency	

Are there any Medical Conditions or Disabilities that we should be aware of?
(e.g. Asthma, Diabetes, Hearing etc)

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Adult (For Adult & Child Course only)

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Are there any special needs that we should be aware of?

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Previous Badge Awards

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How did you hear about us?

Flyer	Advert	Yellow Pages
Recommendation	Internet	Other

Course Day	Course Time	Course Fee

CONDITIONS OF BOOKING

KIM CHAPMAN SWIMMING SCHOOL IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS, WHICH THE ABOVE APPLICANT MAY SUSTAIN OUTSIDE THE DURATION OF THEIR LESSON.

FEEES ARE NOT REFUNDABLE OR TRANSFERABLE UNDER ANY CIRCUMSTANCES

Children during the course of their lesson may be supported in the water by a member of staff

ALL INFORMATION GIVEN IS STRICTLY CONFIDENTIAL

The above information is to the best of my knowledge correct and I agree to the conditions of booking

SIGNATURE:

DATE: