



APPLICATION FORM

Childs First Name		Childs Last Name	
Parent/Guardian First Name		Parent/Guardian Last Name	
Childs Date of Birth			
Address			
Email Address			
CONTACT NUMBERS			
Mobile		Emergency Contact – Must be different number.	
I consent to the above details being recorded on the Swimsoft contact system and agree to receiving messages from the swimming school via text or email			
Are there any Medical Conditions, Disabilities, Special Needs that we should be aware of? (e.g. Asthma, Diabetes, Hearing etc)			
Adult (For Adult & Child Course only)			
Previous Badge Awards From Other Centres			
How did you hear about us?			
Recommendation		QMC	Website

COURSE DAY	COURSE TIME	LEVEL	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.*
- Fees are not refundable or transferable under any circumstances.*
- If you wish to photograph or video your child during their lesson, please ask at the desk as you will be required to complete a form. This is a policy set by both Queen Mary's College and Swim England*
- Children during their lesson may be supported in the water by a member of staff.*

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

SIGNATURE: _____ **DATE:** _____