**Intensive Swimming Lesson Application Form**

**Child’s Details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Age |  |
| Any relevant medical issues? |  |
| Current swimming level achieved or ability(Stage / Distance / Confidence level) |  |

 **Primary Contact: Parent / Guardian’s Details**

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Address |  |
| Contact Email |  |
| Contact Number |  |

Please highlight your preferred

Daily at 10:00 10:30

Disclaimer: We cannot guarantee siblings will have the same lesson time

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I understand that the swimming lessons take place in an outdoor pool and that it is advised that all swimmers wear sun cream during lessons. Sunburn can occur even on a cloudy day.

I consent to KSP staff seeking emergency treatment for my child if required.

I will immediately inform KSP staff of any condition which might impact on my child’s ability to take part in Swimming Lesson activities.

I understand that KSP will record data in accordance with the Data Protection Act.

I understand that a swimming lesson place is dependent on all fees being paid in advance of the lesson block

Name: Signed: