**PERSONAL DATA USE CONSENT FORM**

We need your consent to hold your personal details, and your permission to contact you.

I consent to Kingsteignton Swimming Pool contacting me by   ⃝ phone  ⃝ email

 ⃝ I would like to be kept informed of Kingsteignton Swimming Pool’s news, events and activities

*(please note you can unsubscribe from the newsletter at any time)*

 By signing this form, you are confirming that you are consenting to Kinsgsteignton Swimming Pool holding and processing your personal data.

Signed:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill in the details you would like us to use to communicate with you**

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

​**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You can grant consent to all, one of, or none of the purposes.  Where you do not grant consent, we will not be able to use your personal data. The only exceptions are in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm.

You can withdraw or change your consent at any time by contacting the swim lesson administration. Please note that all processing of your personal data will cease, and your personal details will be erased, once you have withdrawn consent. The exception to this is where your data is required by law, but this will not affect any personal data that has already been processed prior to this point. All data will be destroyed after a maximum time period of 2 weeks.

**ADULT LESSON CONSENT FORM**

We need your consent to hold your personal details, and your permission to contact you.

**I consent to Kingsteignton Swimming Pool holding and processing my personal data for the following purposes (please tick):**

 ⃝ To share swimmers’ medical details with the swimming teacher

 ⃝ To share the details of the swimmer / teacher with the ASA for insurance purposes

  I consent to Kingsteignton Swimming Pool contacting me by  ⃝ phone  ⃝ email

**By signing this form, you are confirming that you are consenting to Kinsgsteignton Swimming Pool holding and processing your personal data as detailed above**

Signed:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill in the details you would like us to use to communicate with you**

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

​**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Swimming Lessons Application Form**

**Contact Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Email |  |
| Contact Number |  |
| Any relevant medical issues? |  |
| Swimming requirements/information that would help us meet your needs. |  |

Please highlight your preferred

Tuesday evening lesson time: 6pm 6 .30pm

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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 if required.

I will immediately inform KSP staff of any condition which might impact on my 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.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_