

ENROLMENT FORM - SPRING 2012

Name of Adult:

Address:

Postcode:

Name of Child:

Age of Child:

at start of the course

Last badge awarded:

Existing class:*where applicable*

where applicable

Telephone number:

Mobile:

Email address:

PLEASE INDICATE WHICH CLASS YOU WISH TO ATTEND:

FIRST CHOICE

CLASS: DAY: VENUE:

I wish to attend the following

Class

SECOND CHOICE

CLASS: DAY: VENUE:

I wish to attend the following

Class

THIRD CHOICE

CLASS: DAY: VENUE:

I wish to attend the following

Class

PLEASE ORDER ANY SWIMWEAR ITEMS BELOW:

ADJUSTABLE SWIM NAPPY

£6.50 EACH (One size fits 3

months to 2 years)

Pink Blue Pink Flowers Blue Stripes Red Pink Spots

NAPPICOVA

£6.00 EACH

Pink Blue Red Navy Powder Lilac
0-3 months 3-6 months 6-9 months 9-12 months 12-18 months

WARMA WETSUIT

£18.00 under 2y EACH

£19 over 2y

Pink Blue Red Gold
0-6 months 6-12 months 12-24 months 2 - 3 years 4 - 5 years

BABY CHANGING MAT

£7.00

Pink Blue Powder Blue Lilac Red Navy

SWIM FIN BUOYANCY AID

£20.00

Pink Grey Blue Red Black Orange

OTHER KONFIDENCE

PRODUCT (SEE WEBSITE)

Name of product

Colour

Size

I will make a payment by BACS* of £__91_____ to Bumpercise & Aquatots Sort Code 20 45 45 Account no. 10464147 *Please reference with Booking Day, Time & Surname of Adult (Eg Wed 10.30 Allen)

I enclose a cheque for £__91_____ made payable to Bumpercise & Aquatots

I agree to be included in the e-mail list to be used in the event of unexpected changes to classes.

I understand that my e-mail address may be visible to other members of the swimming class.

I wish to be contacted on the following number in the event of unexpected changes to classes. **Tel:**

PLEASE COMPLETE, SIGN AND RETURN FORM TO 39 CAMBRIDGE RD, IMPINGTON, CAMBS CB24 9NU.

SIGNATURE:

DATE:

HEALTH & SAFETY FORM

ADULT

1. Do you have any medical conditions which may affect you in the Swimming pool? YES NO

Details:

2. Do you have special needs? YES NO

Details:

3. What is your swimming experience?

Please note that if you lack confidence, it can be beneficial to participate in Adult and Child swimming lessons, but it is VITAL that the instructor is aware of your uncertainty.

I am confident in deep water and can swim more than 50 metres

I am reasonably confident and can swim 25 metres.

I am confident in shallow water only.

I lack water confidence.

Other (please specify below)

Details:

CHILD

1. Does your child have any medical conditions which may affect them in the Swimming pool? YES NO

Details:

2. Does your child have special needs? YES NO

Details:

3. Has your child been to swimming lessons before? YES NO

Details:

4. Does your child have any swimming awards? YES NO

Details:

If you answered YES to questions 1 or 2 you must check with your doctor before taking part and obtain their signature below.