

# RE-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:**

I WISH TO REMAIN IN MY CLASS: DAY: VENUE:  
EXISTING CLASS (EXPECTED)

I WISH TO CHANGE CLASS TO CLASS: DAY: VENUE:  
THE FOLLOWING:

I DO NOT WISH TO  
CONTINUE SWIMMING WITH  
BUMPERCISE & AQUATOTS AT  
THIS TIME

**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 (only to be completed if health issues have changed since last term)

## 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.***