



## Poolewe Swimming Lesson Registration Form

**PLEASE COMPLETE IN BLOCK CAPITALS**

**Highlife Card No:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of child: \_\_\_\_\_ D.O.B of Child: \_\_\_\_\_

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

Name of Parent / Guardian contact: \_\_\_\_\_

School Attended: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone:  Mobile:

Emergency Contact Details: 

Name: _____
Contact No: _____
Relationship to child: _____

**Medical Conditions:** Does the child suffer from any medical conditions (such as **asthma, epilepsy, hyperactivity, diabetes** etc.) which may affect their ability to participate in any session which the teacher should be aware of? (Delete as appropriate) **Yes / No**

**Please give details:**

**\*Anyone with diarrhoea should not use the swimming pool until 14 days after symptoms have passed.**

### **Office Use Only**

Waiting list placed on: \_\_\_\_\_

Date placed on waiting List: \_\_\_\_\_ Confirmed By: \_\_\_\_\_

**Calls made:**

Date: \_\_\_\_\_ Outcome: \_\_\_\_\_ Date: \_\_\_\_\_ Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Outcome: \_\_\_\_\_ Date: \_\_\_\_\_ Outcome: \_\_\_\_\_

Date: \_\_\_\_\_ Outcome: \_\_\_\_\_ Date: \_\_\_\_\_ Outcome: \_\_\_\_\_

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### **Poolewe Swimming Lesson Registration Slip**

Childs Name: \_\_\_\_\_ Stage Placed on: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmed By: \_\_\_\_\_