

## APPLICATION FORM

NAME OF PARENT/GUARDIAN    NAME OF CHILD

ADDRESS	HEALTH INFORMATION
POSTCODE	

HOME TELEPHONE	EXPERIENCE/ABILITY /BADGES
MOBILE	

EMAIL	AGE	DATE OF BIRTH
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### DECLARATION

I understand that my child should display the appropriate behaviour at all times, and adhere to health and safety guidelines and procedures. I understand that the teacher and the pool are not under any liability whatsoever in respect of loss, damage or personal injury concerning participants.

### TERMS AND CONDITIONS

Please ensure that the teacher is made aware of any specific requirements or needs regarding your child. The teacher reserves the right to exclude any children from participating in activities, who put staff or others at risk. For cancellation of course, on your behalf, within 1 week of the start date, no refunds will be given.

The teacher reserves the rights to cancel sessions, in the case of illness etc. In this case notification will be given as far in advance as possible. If sessions are cancelled due to unforeseen circumstances by the teacher, where possible extra sessions will be added, or credit notes will be given.

SIGNED	DATE
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AMOUNT ENCLOSED CASH / CHEQUE

DAY:	TIME:	CLASS:
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PLEASE MAKE CHEQUES PAYABLE TO:  
S.O.S - SCHOOL OF SWIMMING

**RETURN TO: EDWARD & MICHELLE REEVES  
90 STATION ROAD, EARLS BARTON, NORTHANTS NN6 0NT**