

REGISTRATION FORM

Please complete in full and email back to lessons@BOSS-southendswimclub.co.uk



CHILD'S NAME:

DATE OF BIRTH: **GENDER:** BOY/GIRL

HOME ADDRESS:

.....

.....**POSTCODE**.....

ANY KNOWN MEDICAL CONDITIONS/ADDITIONAL NEEDS:

.....
.....
.....

PARENT/CARER NAME:.....

ADDRESS (IF DIFFERENT FROM ABOVE):

.....

..... **POSTCODE**.....

TELEPHONE NUMBERS: (DAYTIME).....

(MOBILE)

Child's current swimming level (please tick):

- Complete beginner Water-confident with buoyancy aids (eg arm bands)
- Swims 5-10m without buoyancy aids
- Swims 10+ metres front and backstroke without aids, and breaststroke & butterfly kick (legs) with float
- Working towards 10m full stroke (arms and legs) on all four strokes
- Improver on all four strokes and can swim 25m or more.

PREFERRED EVENING FOR LESSON (Please tick): Tuesday between 4-6pm Thursday between 4-6pm

I agree to pay the invoiced fees in full on or before the first lesson of each half-term and note these will be non-refundable. In the unlikely event that the lesson is cancelled by BOSS Swim Development Centre, a credit will be issued for the next half-term.

Signed..... (Parent/carer) Date.....