 Paddles Swimming

Swimmers Details

|  |  |  |
| --- | --- | --- |
| Name |  | ASA Number |
| Address |  |
| Post Code |  |
| Date of Birth |  |
| Parents/Carer’s/Swimmers Phone |  |
| Parents/Carer’s/Swimmers Mobile |  |
| Parents/Carer’s/Swimmers Email |  |

Emergency Contact

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone |  |
| Mobile |  |
| Relationship to Swimmer  |  |

Health and Safety

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Wheelchair User |  |  |
| Pool Hoist required |  |  |
| Epileptic |  |  |
| Swimming ability | Non Swimmer |  | 25 meters+ |  |
| Form of Communication | Verbal | BSL | Makaton | PECS/Visuals |

Medication taken

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Disability

|  |  |
| --- | --- |
|  | Details |
| Hearing Impairment |  |
| Learning Difficulty |  |
| Long Term Illness/condition |  |
| Physical Disability |  |
| Sight Impairment |  |
| Other |  |

Please detail below anything we may need to be aware of

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|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| I am happy for photographs to be taken during lessons |  |  |
| I am happy for photographs to be taken during lessons for local publicity, publications or websites |  |  |
| I am happy for video/film footage to be taken during lessons |  |  |
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Terms and Conditions

* Please be prompt with you arrival.
* Please be prompt with payment of fees at the start of each term.
* Parents/carer’s may be asked to accompany non-swimmers in the water.
* I will let you know if we have other commitments and adjust sessions accordingly.

Signed .....................................................................................................................................................................................................

Date .........................................................................................................................................................................................................

***In accordance with Data Protection Act 1989, the information you give us will be held by Paddles Swimming database for the purpose of supplying you with information. Please tick to agree***

