



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

