

APPLICATION FORM

Please fill in Block Capitals

SURNAME _____

FIRST NAMES _____

AGE OF CHILD _____

ADDRESS _____

CONTACT NO. Home _____ Work _____

MOBILE NO. _____

DAY _____ TIME _____

<u>SWIMMING LEVEL</u>	Beginner	☐
	Beginner/Improver	☐
	Improver	☐
	Lifesaving	☐
	Swim Fitness	☐

MEDICAL INFORMATION

(this information is only for our own files, for your child's protection)

Medical Conditions

- | | | | |
|------------------------------|--------|-----------|--------|
| • Allergies | yes/no | A.D.H.D. | yes/no |
| • Breathing Disorder | yes/no | Autism | yes/no |
| • Ear Disorder | yes/no | Diabetes | yes/no |
| • Epilepsy (mild or severe) | yes/no | Dyslexia | yes/no |
| • Fainting/Dizzy Spells | yes/no | Dyspraxia | yes/no |
| • Other Relevant Information | | | |

If Other, Please specify:

As the parent/guardian of this child, I give my full consent for him/her to participate in swimming lessons and agree to the delegation of authority to the swimming teachers of Sligo Swim & Lifesaving School. I submit the attached medical information (if any) and include details of limitations which he/she has for the activities concerned.

Signed _____ Date _____ cash/cheque

Page No. Receipt No. Total Due. Deposit Bal. Due.