

LIFEGUARD COURSE REGISTRATION FORM



Shrewsbury School

Shrewsbury School
The Schools
Shrewsbury
Shropshire
SY3 7BA

FAO: Mr E J Moore

Tel: 01743 280 625
Email: ejmoore@shrewsbury.org.uk

Name:

Address:

..... Postcode:

Home Tel No: Work Tel No:

Mobile: Email:

EMERGENCY CONTACT: _____ **TEL:** _____

Please indicate which Course and Dates you are booking for:

* Please confirm you meet the pre requirements of the course:

Requirements	Please tick to confirm
Be aged 16 +	
Swim 50meters in 1minute or less	
Swim 100meters continuously on the front then on the back	
Tread water in deep water for 30 seconds	
Surface dive to the deepest part (2meters) of the pool	
Climb out of the pool unaided, without using steps or ladder	

* Any other relevant medical information we should know about:

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I have read the Terms & Conditions below and fully understand them and as such agree to abide by them.

I enclose a cheque (made payable to **Shrewsbury School Enterprises Ltd (SSEL)**) for £_____.

Signed: _____

TERMS & CONDITIONS

1. Shrewsbury School accept no responsibility for any injury or damage to persons or property.
2. In an emergency, I give permission for staff running the course to seek any necessary emergency medical advice or treatment.
3. If you require any medication whilst on any of the courses you agree to inform a designated member of staff on arrival.
4. Should your show any signs of being unwell whilst being on any of the courses the course leader will notify the named emergency contact.
5. Payment is regarded as acceptance of these terms and conditions.