REGISTRATION FORM –14/15

splashtime swim school

Swimmers Full Name	Preferred Name	Age	Date Of Birth
Racial Origin	Languages	Religion	

Swimmers history and brief details of ability (last level child obtained & date Please circle
Does your child use arm bands Y/N
Can your child swim 5 meter Frontcrawl Y/N
Can your child swim 5 meter Backstroke Y/N
Does your child have any swimming awards: if so please list most recent and date archived
Other important information we may need to know i.e. medical

Address:_____

Postcode:_____ Home telephone:_____

Parent 1 Mobile number:_____ Parent 2 Mobile number:_____

E-mail:

Parent/Legal Guardians:_____

Please Provide an Emergency Contact Name & Number Other Than Yourself:

_____

- I have booked a time and day already booked Please State Time: _____ Day_____ Pool _____

- I would like my child to be placed on waiting list for the next term please state which day and time you.
  Day of lessons Time: _____ of lesson:_____
- **Preferred pool please tick.**
- **Tuesday, Wednesday, Thursday or Sunday Quainton Hall School Harrow HA1 1RX**
- **Saturday Merchant Taylor School Sandy Lane, Northwood HA6 2HT**

(Please see timetables for pool times. Please do not contact any of the schools as STSS LTD is a separate enterprise).

We will do our best to get you booked in to your chosen pool and time, if we cannot we will offer another venue, day and time if relevant.

**Parent Name:……Date:……..

**Parent Signature:……...……Staff signed:…….

Please return to: Splash Time Swim School F.A.O 'Lucy Marett 214A Herlwyn Avenue Ruislip HA4 6HJ' Your personal details will not be passed to any other organisation, but may be used by us to inform you of offers and services please ☑ the box if you don't wish to receive information on our services and offers ☐

Call Lucy on: 07903126486 Contact office: Activetime Children's Activities Ltd 214A Herlwyn Ruislip Avenue HA4 6HJ E-mail: splash@activetime.co.uk or info@activetime.co.uk