

SWIMMING LESSONS APPLICATION FORM

Name..... Miss/Mrs/Mr

Address.....
.....Postcode
.....

Telephone including code.....

Mobile.....

Date of Birth..... Age.....

Medical conditions.....
.....
.....

Please state your swimming experience to date.
.....
.....
.....

How would you like to improve your swimming?
.....
.....
.....

Signature..... Date.....

Please Note:

If you are booking lessons on behalf of a child please sign on their behalf.

Thank You

RECORD CARD

FOCUS.....
.....

Sessions	Activities	Comments & Success
1		
2		
3		
4		
5		