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Description automatically generated**Baby and Pre-School Registration Form  
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| --- | --- |
| Child’s Name: | |
| Date of Birth: | Male Female |
| Address: | Nursery: |
| Parent/Guardian Name: | Parent/Guardian Mobile: |
| Parent/Guardian Email: | |
| Emergency Contact Name:  Emergency Contact Number: | |
| **Adult** who is accompanying the child is required to:  Put face in the water  Submerge the head fully Float on front/back plus stand up unaided.  Is the accompanying adult able to do the above? YES NO | |
| Will you be taking your child to the pool between lessons? | |

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| **AVAILABILITY-** groups will be put together based on demand, age and ability.  Classes will start when there are enough parents/children to form groups.  Please put an ‘**X**’ in all possible time slots.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **MONDAY** | **1.15-1.45** |  | **1.45-2.15** |  | **2.15-2.45** |  | | **THURSDAY** | **1.15-1.45** |  | **1.45-2.15** |  | **2.15-2.45** |  | |

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| **CHILD SWIM ABILITY**  To ensure your child is placed in the right group, please give honest answers about  your child’s **current swim ability.** | | | |
|  | **YES** | **NO** | **Comments** |
| Happy to be in water e.g. baths, showers? |  |  |  |
| Happy to be in a pool? |  |  |  |
| Able to put face in the water for 3 seconds? |  |  |  |
| Able to submerge the whole head? |  |  |  |
| Float on front, with assistance/swim aids? |  |  |  |
| Float on front- no assistance or swim aids? |  |  |  |
| Float on back, with assistance/swim aids? |  |  |  |
| Float on back- no assistance or swim aids? |  |  |  |
| Swim 2-3 strokes with assistance/swim aids? |  |  |  |
| Swim 2-3 strokes, no assistance or swim aids? |  |  |  |
| Able to be in a group and follow instructions? Toddler + |  |  |  |
| Been to swim lessons? |  |  |  |
| Other |  |  |  |

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| **HEALTH QUESTIONS CHILD- does your child:** | **YES** | **NO** |
| 1. Have a long term medical condition? |  |  |
| 2. Ever experience dizziness or lose consciousness? |  |  |
| 3. Have any bone or joint problems? |  |  |
| 4. Take any regular medication? |  |  |
| 5. Have asthma or breathing difficulties? |  |  |
| 6. Have allergies? |  |  |
| 6. Have behavioural issues or additional needs? |  |  |
| 7. Is there any other information that you must tell us in order that your child can take part in swimming lessons safely? |  |  |
| **If you answered YES to any of the above, please give details below.** | | |

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| **HEALTH QUESTIONS ADULT accompanying the child to lessons.**  **Do you:** | **YES** | **NO** |
| 1. Have a long term medical condition e.g. angina, diabetes, epilepsy? |  |  |
| 2. Ever experience dizziness or lose consciousness? |  |  |
| 3. Have any bone or joint problems? |  |  |
| 4. Take any regular medication? |  |  |
| 5. Have asthma or breathing difficulties? |  |  |
| 6. Have allergies? |  |  |
| 7. Have mental health problems? |  |  |
| 8. Been told by a doctor you shouldn’t exercise? |  |  |
| 9. Is there any other information that you must tell us in order that you can take part in the swim lessons safely? |  |  |
| 10. Access to the pool is via stairs- is this an issue? |  |  |
| **If you answered YES to any of the above, please give details below.** | | |

**PHOTOGRAPHY**

Blue Sky Swim Studio use photos/videos of our classes in our marketing, website and social media. We will not allow third parties to use these images/videos but can accept no liability if these images/videos are used by a third party without our consent.

I agree to my child being filmed/photographed for the above **YES** **NO**

* **The above information is correct.**
* **I will update the instructor as to any changes in the child or accompanying adult’s health.**
* **I have read and agree with Blue Sky Swim Studio Terms and Conditions**

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| --- | --- | --- |
| **Signed:** |  | |
| **Print Name:** |  | **Date:** |

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