**Summer Swim School Registration Form 4-8th August 25
return to: hello@blueskyswimstudio.co.uk**

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| --- | --- |
| Child’s First Name: | Child’s Surname |
| Date of Birth:  | Male Female |
| Address: | School:Current primary year: |
| Parent/Guardian Name: | Parent/Guardian Mobile: |
| Parent/Guardian Email: |
| Emergency Contact Name: Emergency Contact Number:  |
| Is your child currently having weekly lessons at Blue Sky Swim Studio? mark with ‘X’

|  |  |
| --- | --- |
| YES |  |
| NO |  |

YES please complete **TIME** section and **SIGN/DATE** this form.NO please complete the whole form.  |
| What lessons are you interested in? Mark with ‘X’

|  |  |
| --- | --- |
| GROUP |  |
| 1:1 |  |
| 2:1 |  |

  |
| Brief information about your child’s current swimming abilities and any lessons they have taken.  |
| What would you like your child to achieve during this week of lessons? |

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| **TIME mark ‘X’ beside all suitable** |
| **8-9am** |  |
| **9-10am** |  |
| **10-11am** |  |
| **11-12 noon** |  |
| **12-1pm** |  |
| **1-2pm** |  |
| **3-4pm** |  |
| **4-5pm** |  |
| **5-6pm** |  |
| **6-7pm** |  |

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| **SWIM ABILITY**To ensure your child is placed in the right group, give honest answers about yourchild’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, unassisted- no swim aids? |  |  |  |
| Float on back, unassisted- no swim aids? |  |  |  |
| Swim on front 2-3 strokes, unassisted- no swim aids |  |  |  |
| Swim on back 2-3 strokes, unassisted- no swim aids |  |  |  |
| Swim a width (10-15m), unassisted- no swim aids |  |  |  |
| Swim a length (25m), unassisted- no swim aids |  |  |  |
| Swim a width/length on front, face down with breathing, unassisted- no swim aids |  |  |  |



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| **HEALTH QUESTIONS 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? |  |  |
| **YES to any of the above- give details:** |

**The above information is correct**

**I have read and agree to the Blue Sky Swim School Terms and Conditions**

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