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

|  |  |
| --- | --- |
| 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 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, 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**

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