

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 <input type="checkbox"/> Female <input type="checkbox"/>						
Address:	School:						
Parent/Guardian Name:	Current primary year:						
Parent/Guardian Email:	Parent/Guardian Mobile:						
Emergency Contact Name:							
Emergency Contact Number:							
Is your child currently having weekly lessons at Blue Sky Swim Studio? mark with 'X'							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">YES</td> <td style="width:50%; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">NO</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
YES	<input type="checkbox"/>						
NO	<input type="checkbox"/>						
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'							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">GROUP</td> <td style="width:50%; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">1:1</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">2:1</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		GROUP	<input type="checkbox"/>	1:1	<input type="checkbox"/>	2:1	<input type="checkbox"/>
GROUP	<input type="checkbox"/>						
1:1	<input type="checkbox"/>						
2:1	<input type="checkbox"/>						
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?							

TIME mark 'X' beside all suitable	
8-9am	<input type="checkbox"/>
9-10am	<input type="checkbox"/>
10-11am	<input type="checkbox"/>
11-12 noon	<input type="checkbox"/>
12-1pm	<input type="checkbox"/>
1-2pm	<input type="checkbox"/>
3-4pm	<input type="checkbox"/>
4-5pm	<input type="checkbox"/>
5-6pm	<input type="checkbox"/>
6-7pm	<input type="checkbox"/>

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			

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:

