

Baby and Pre-School Registration Form
 return to hello@blueskyswimstudio.co.uk



| | |
|---|---|
| Child's Name: | |
| Date of Birth: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address: | Nursery: |
| Parent/Guardian Name: | Parent/Guardian Mobile: |
| Parent/Guardian Email: | |
| Emergency Contact Name: | |
| Emergency Contact Number: | |
| <p>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.</p> <p>Is the accompanying adult able to do the above? YES <input type="checkbox"/> NO <input type="checkbox"/></p> | |
| Will you be taking your child to the pool between lessons? | |

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 | |



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 | | | |

| 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. | | |

| HEALTH QUESTIONS ADULT accompanying the child to lessons. | YES | NO |
|---|------------|-----------|
| Do you: | | |
| 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**

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

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