



## SWIMMER'S DETAILS

MR / MRS / MASTER / MISS / MS / DR

SURNAME

FIRST NAME

D.O.B

/ /

POSTAL ADDRESS  
(INCL. POST-CODE)

HOME TEL

MOBILE

EMAIL ADDRESS

NEXT OF KIN

N.O.K TEL

MEDICAL CONDITIONS

DESCRIPTION OF SWIM ABILITY AND/OR REQUIREMENTS

*E.G. CONFIDENT / NERVOUS / UNSURE / NON-SWIMMER / STROKE DEVELOPMENT / CORRECTION*

PREFERRED DAY & TIME

PREFERRED TEACHER (IF APPLICABLE)

## BOOKING OPTIONS

ADULT

1 HOUR OR 2X 30 MIN

£50.00

ADULT

3 HOURS OR 6 X 30 MIN

£130.00

CHILD

30 MINUTE LESSON

£25.00

CHILD

6 X 30 MINUTE LESSON

£100.00

AQUASPLASH MEMBERS RECEIVE 10% DISCOUNT

## OFFICE USE ONLY PLEASE

AMOUNT PAID

£

DATE PAID

DATE OF FIRST SESSION

AQUASPLASH MEMBERSHIP NUMBER

TEACHER CONTACTED & ENROLLED

ADDITIONAL NOTES  
(FURTHER SESSION TIMES ETC)

SIGNATURE

PRINT NAME

DATE