

# Swim With Sarah Enrolment Form



Name of Swimmer: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Child's date of birth: \_\_\_\_\_  
Mobile number: \_\_\_\_\_  
Home tel. number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

Please make a note of any medical conditions which may affect your swimming.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and agree to the terms and conditions.

Signature: \_\_\_\_\_

- Missed lessons are charged at normal rate.
- Advance Course fees are non-refundable
- Please bring your own goggles & towels

Many thanks,

Sarah Kentish. FISTC Licensed. ASA Teacher. DBS