**ENROLMENT FORM**

JH SWIM SCHOOL

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

TEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOBILE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT ABILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NON/SWIMMER (Not yet swimming independently)/BEGINNER/IMPROVER)

IF ALREADY SWIMMING PLEASE STATE HIGHEST CERTIFICATE/AWARD ALREADY RECEIVED

Distance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL MEDICAL/HEALTH DECLARATION**

Is your child suffering from any medical condition? YES/NO

Is your child under medical supervision? YES/NO

Is your child currently taking prescribed drugs or have done so within the last six months?

 YES/NO

Does your child have a visual or hearing impairment? YES/NO

If Yes to any of the above, please describe briefly:

Other medical history, including special needs or learning difficulties/disabilities, information processing, social/emotional need, ASD, ADHD etc:

**SHOULD ANY MEDICAL/BEHAVIOURAL ISSUES DEVELOP AT ANY TIME THROUGHOUT THE COURSE DURATION PLEASE NOTIFY JANE IMMEDIATELY**

NAME OF PARENT/GUARDIAN/CARER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr/Mrs/Miss/Ms/Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**By signing this form confirms that you have read, understood and will adhere to the Guidelines/Rules & Regulations Information Sheet and have read the GDPR Notice**

PLEASE RETURN ELECTRONICALLY TO: jhswimschool@gmail.com OR BY POST TO:

JH SWIM SCHOOL, GINGERBREAD COTTAGE, GLOVERS LANE, HASTINGWOOD, ESSEX, CM17 9LA