

# Bradford Aquatics On Course Registration Form



Please complete this form in CAPITAL LETTERS and hand it in to the pool of your choice or email it to [eccleshill.pool@bradford.gov.uk](mailto:eccleshill.pool@bradford.gov.uk)

Pool where lessons are being taken:

Do you have a valid Bradford Leisure Card?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Details of swimmer member	
Surname	
Forename	
Date of Birth __/__/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Postcode	
Contact details of swimmer member/best contact person	
Telephone	
Mobile	
Email	

Details of payer member	
Surname	
Forename	
Date of Birth __/__/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Postcode	
Contact details of payer member	
Telephone	
Mobile	
Email	

## IF YOU PAY FOR LESSONS FOR ANOTHER SWIMMER PLEASE ADD THEIR DETAILS BELOW:

Details of swimmer member	
Surname	
Forename	
Date of Birth __/__/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Postcode	
Contact details of swimmer member/best contact person	
Telephone	
Mobile	
Email	

Details of swimmer member	
Surname	
Forename	
Date of Birth __/__/____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Postcode	
Contact details of swimmer member/best contact person	
Telephone	
Mobile	
Email	

Do you consider yourself / swimmer member to have any medical conditions / disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please advise.		

We would like to send you details of our other activities and special offers. If you would like to receive this information please tick the appropriate boxes.	Post <input type="checkbox"/>	Email <input type="checkbox"/>	SMS <input type="checkbox"/>
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I am signing on behalf of:	Signature	Print name	Date
A junior (under 18) <input type="checkbox"/>			
Myself (over 18) <input type="checkbox"/>			__/__/____