# BRADFORD AQUATICS SWIM SCHOOL



## APPLICATION FORM

## 

Please complete this form in CAPITAL LETTERS and hand / post it back to the pool of your choice.

* Please use one form per swimmer and / or scheme. You will be notified when a place is allocated.
* Where there is a choice of answer, tick the appropriate box.
* If applying for ‘Junior’ or ‘Adult and Child’ courses enter your child’s details and sign your consent.

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| Pool Required |  |
| Where did you hear about this course? |  |

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| **Tick a Course** | Juniors 5 yrs |  | Diving Junior |  | Adult |  |
|  | upwards |  |  |  | *Daytime* |  |
| OTHER | Adult *Evening and Weekend* |  | Adult & Under 5 *Daytime* |  | Adult & Under 5 *Eve/weekend* |  |

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| **Please tick your preferred days. Please check days available at the site you want your lessons at, as days and times vary at each site** | | | | | | | | | | | | | | | |
| Mon |  | Tue |  | Wed |  | Thu |  | Fri |  | Sat |  | Sun |  | Any |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you consider yourself/swimmer member to have any medical conditions/disabilities? | | | | Yes |  | No | |  |  | Male | |  | Female | |  |
| If yes, please advise: | | | | | | | | | | | | | | | |
| Are you/swimmer member a complete beginner for swimming/diving lessons? | | | | | | | | | Yes | | |  | No |  | |
| If no what grade, badge, or distance did you/swimmer member last achieve? | | | | | | | | | | | |  | | | |
| Adult Beginners |  | Adult Improvers |  | | | | Adult Advanced | | | |  | | | | |

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| Junior Beginner Levels | | Junior Improver Levels | | Junior Advanced Levels | | | | Junior Diving Lessons | |
| Watermanship | Grade 1 | Grade 2 | A’Bronze | Grade 3 | A’Silver | A’Gold | Grade 4 | Beginners | Improvers |
|  |  |  |  |  |  |  |  |  |  |

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| **DETAILS OF SWIMMER MEMBER** | | **DETAILS OF PAYEE MEMBER** (if different from swimmer member) | |
| Surname: |  | Surname: |  |
| Forename: |  | Forename: |  |
| Date of Birth: |  | Date of Birth: |  |
| House Number: |  | House Number: |  |
| Street: |  | Street: |  |
| Town: |  | Town: |  |
| City: |  | City: |  |
| Postcode: |  | Postcode: |  |
| **CONTACT DETAILS OF SWIMMER MEMBER / BEST CONTACT PERSON** | | **CONTACT DETAILS OF PAYEE MEMBER**  (if different from swimmer member) | |
| Mobile: |  | Mobile: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| We would like to send you details of our other activities and special offers. If you wish to receive this information, please tick the appropriate boxes. | Post: |  | Email: |  | SMS: |  |
| Allow Marketing | Yes |  | No |  |  |  |

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|  | **Signature** | **Print Name** | **Date** |
| If this form is on behalf of a junior (under 18) please sign, print your name, and enter the date: |  |  |  |
| If this form is for yourself (over 18) please sign, print your name, and enter the date: |  |  |  |