

SUMMER SCHOOL ENROLMENT FORM



(PLEASE FILL IN BLOCK CAPITALS)

Name of Child : _____

Address : _____

Date of Birth : _____

Telephone Number : _____

Parent / Guardian Name : _____

Email Address (Compulsory) _____

Illnesses / Allergies (If applicable) _____

Physical / Mental Health / Learning difficulty details (If applicable)

WHICH SESSION 10 - 10.45 10.45 - 11.30

Does your child require additional support? YES / NO

Do you consent to your child being supported by the instructor during the lesson, e.g. lifted in and out of the pool? YES / NO

Are there any identifiable risks to your child (i.e. disabilities) or Risks to Aqua Academy staff? If YES please specify below YES / NO

Do you have any further issues / concerns / worries that may require a risk assessment or further discussion with the Safeguarding Lead? YES / NO

Disclaimer : The information provided is confidential and will solely enable us to provide the most appropriate service. Our data protection is governed under DPA98. Any information we hold can be accessed via the Freedom of Information Act 2000 (FOI, 2000) and Sarah Preece.

Telephone : 07363606504

Email : sarah@aquaacademy.wales

Facebook Page : facebook.com/aquaacademyswansea

Please print this form, complete it and hand in at the pool