



Booking Form

Child's First Name: Surname:

Date of Birth: Title (Master/Miss):

Address:

.....

..... Postcode

Primary Responsible Adult Title (Mr, Mrs, Miss):

First Name: Surname:

Relationship to Swimmer:

Home Tel. No: Mobile Number:

Email Address:

How did you hear about the Swim School:

Second Responsible Adult Title (Mr, Mrs, Miss):

First Name: Surname:

Relationship to Swimmer: Phone Number:

Email Address:

Special Requirements/ Health Issues / Any additional information:

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Please ensure that you inform us of anything that changes regarding your child that may affect their participation in the class. Do not bring your child if they are unwell.

Please read and sign the form on the second page before returning it.



PAYMENT

A Bank Transfer Details -

Account name Splish n Splash Ltd SORT CODE 40-47-19 ACCOUNT # 81414399
Please complete this form and email it back to info.splishnsplash@gmail.com

REFERENCE - CHILD'S SURNAME/DAY/1st INITIAL OF POOL

B OR Please print this form off and post to;

Splish n Splash Swim School, 32 Kneller Road, New Malden, Surrey, KT3 5NE

along with your cheque (made payable to Splish n Splash Ltd). A charge of £1.50 is made for cheque payments to cover bank charges. We do not recommend posting cash.

No refund will be made for missed lessons. Cancellation policy is to refund all outstanding lessons less 3, from the time of cancellation is made in writing. A credit or refund will be offered if Splish n Splash have to cancel a lesson.

Splish n Splash may occasionally take photos for promotional use. Please sign below If you DO NOT wish your child to be photographed.

Signed:Date:

Parents who are not in the water must remain seated throughout the lesson, unless called for by the instructor. Your instructor must be made aware if you plan to leave the building at all during the lesson.

PLEASE DO NOT WEAR OUTSIDE SHOES ON POOLSIDE

It is the responsibility of the parent/guardian to update Splish n Splash of any medical conditions that may affect your child's participation during the lessons.

To the best of my knowledge, I have given all relevant information regarding my child's health and ability to participate in Splish n Splash Swim School's program. I have read, understood and will abide by the above conditions of use. I will ensure that I update the swimming instructor of any changes that affect my child's participation.

Signed:Date:

Print Name: