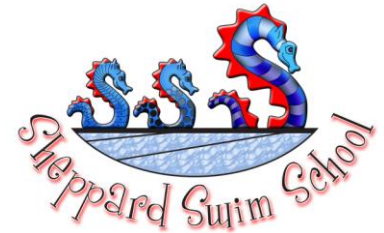


SWIMMING LESSONS ENROLMENT FORM



Swimmer's name:

Parent / Guardian Name:

email (please print clearly):

Your postal address:

Postcode:

Tel: _____ Mobile Phone No: _____

Child's Date of Birth: ___/___/_____ Age: _____

Ability: Please select...

Non-Swimmer (never taken lessons)

Beginner (some lessons but weak swimmer)

Novice (lessons taken but needs improvement)

Venue preferred:

St Leonards School Pool, St Andrews (KY16 9QJ)

Sundays 9am-12noon

Glenalmond College Pool, Perthshire (PH1 3RY)

Saturday 9am – 4pm

Sunday 9am – 12n

Monday 5pm – 7pm

Tuesday 5pm – 7pm

Thursday 5pm – 7pm

Tulliallan Police Academy, Kincardine, Fife (FK10 4BE)

Friday 4-7pm,

Saturday 9-12

Castlebrae Police Treatment Ctr, Auchterarder, Perthshire (PH3 1AG)

Sundays 9-12

Harris Academy pool, Dundee, Perth Road, (DD2 1NL)

Saturdays 9-1

Health: Please let us know of any health issues that we need to know about:

On occasion we would like to take photographs for publicity purposes. We respect your privacy. If you DO NOT wish your child photographed please tick this box

Where did you hear about the Sheppard Swim School?

Payment enclosed

Cheques payable to: Sheppard Swim School. Mail to: 3 Bobbin Wynd, Cambusbarron, Stirling, FK7 9LZ

I HAVE READ AND AGREE TO THE POLICIES AND PROCEDURES AS PER WWW.SHEPPARDSWIMSCHOOL.CO.UK

SIGNED _____ DATE _____