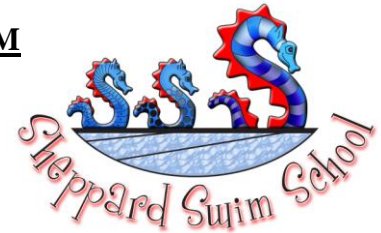


**INTENSIVE WEEK SWIMMING LESSONS ENROLMENT FORM**



Swimmer's name:  
Parent / Guardian Name:  
Your email address:  
Your postal address:  
Postcode:  
Telephone No:  
Mobile Phone No:  
Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

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Ability: Please select...  
Non-Swimmer (never taken lessons) \_\_\_  
LEVEL (Scottish Swimming syllabus) \_\_\_\_\_  
Advanced (done lessons but needs stroke corrections) \_\_\_

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Please select...  
Intensive Week Monday – Friday (PLEASE PHONE 01786 461 260 FOR WEEKS AVAILABLE)

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

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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

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Where did you hear about the Sheppard Swim School?

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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 the [www.sheppardswimschool.co.uk](http://www.sheppardswimschool.co.uk) web site

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_