

Name (Block Capitals)	Stage	Day	Time
1			
2			
3			
4			



Parent /Guardian	
Name	
Telephone	
Email	
Signature	
<p>By signing this document you are agreeing to the swimming lesson terms and conditions and agree to abide by the swimming lesson rules.</p>	

Medical Declaration Completed if applicable []

S.E.N Declaration Completed if applicable []

Fee Payment				
	Member []	Non-Member []		
Total Fee				
Less Credit				
Total Due				
Method	Card []	Cash []	Cheque []	Voucher []

Stage 1 Member	€95
Stage 1 Non-Member	€110
Stage 2-9 Member	€115
Stage 2-9 Non-Member	€140

Strictly Private and Confidential

Medical Declaration Form

Childs Name	
Stage	
Day Enrolled for	
Time Enrolled	

Medical	Y / N
Does the Child Have Any Illnesses or Injuries That Might Cause Difficulty While Swimming?	
Does the Child Currently Take Any Medication? If Yes Please Specify Below.	
Does the Child Suffer with Any Joint or Muscular Condition?	
Does the Child Suffer with A Heart Condition?	
Does the Child Suffer with High or Low Blood Pressure?	
Does the Child Suffer with Diabetes? If Yes Please Specify?	
Does the Child Have Epilepsy?	
Does the Child Have Any Breathing Conditions Such as Asthma?	
Has the Child Undergone Any Surgery Within the Last Year?	
Does the Child Suffer with Any Hearing Impairments?	
Does the Child Suffer with Any Allergies?	
Other	

Please Specify if you answered yes to any of the above questions.

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Special Educational Needs	Y / N
Has the Child been diagnosed with any Special Educational Needs	

Please Specify if you answered yes to the above questions.

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If you have answered yes to any of the above. Please let us know how we can help?

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