

SWIMMING LESSONS ENROLMENT FORM



Swimmer's name:
Parent / Guardian Name:
email (please print clearly):
Your postal address:
Postcode:
Telephone No:
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
Friday 5pm – 7pm

Tulliallan Police Academy, Kincardine, Fife (FK10 4BE)
Friday 4-7pm,
Saturday 9-12

Date of Enquiry:

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 _____