



## BEAUFORT SWIM SCHOOL SWIM COURSE ENROLMENT FORM

<b>Course Details:</b>	<b>DAY:</b>	<b>TIME:</b>	<b>Course Cost:</b>	<b>£</b>
	<b>LEVEL:</b>			

### PERSONAL DETAILS

<b>SURNAME</b>		<b>FIRST NAME(S)</b>	
<b>Date of Birth</b>			
<b>ADDRESS</b>			
			<b>POSTCODE</b>
<b>NAME OF SCHOOL</b>			
<b>CURRENT YEAR GROUP</b>			

### CONTACT DETAILS

<b>☎ DAY</b>		<b>☎ EVE</b>	
<b>EMAIL</b>			

### MEDICAL / HEALTH DETAILS AND EMERGENCY CONTACTS

<b>Please detail any medical / health conditions the instructor(s) should be aware of e.g. asthma, epilepsy, hearing difficulties allergies etc</b>

	Emergency Contact Name	☎ DAY	☎ EVE
1.			
2.			

<b>Please detail any other information you feel the instructor(s) should know</b>

**PTO**

**REFUNDS POLICY:** I understand that, if insufficient numbers enrol on a particular course, that course may be cancelled and my fee refunded or an alternative course will be made available.

*There are no other circumstances under which I am entitled to a refund.*

**Declaration:**

I have completed this form to the best of my knowledge. I agree to these details being stored on a computer for administrative purposes only and will provide details of any changes to my circumstance as they occur. I have read, understand and accept the refunds policy shown.

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**EQUALITIES MONITORING FORM.**

GENDER

MALE

FEMALE

DATE OF BIRTH:

WHICH BEST DESCRIBES YOUR ETHNIC ORIGIN?

(Please tick appropriate box)

WHITE – UK

BLACK – OTHER

CHINESE

WHITE - OTHER

INDIAN

IRISH

BLACK - AFRICAN

PAKISTANI

BLACK - CARIBBEAN

BANGLADESHI

OTHER PLEASE SPECIFY:

**DISABILITY**

Do you consider you have a disability which affects your ability to do normal daily tasks and which is likely to last for one year or more?

Yes

No

Please specify \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_