

Application form

Forename: Surname:

What age is your child: Yrs: Mths: Breezecard No:

Ethnicity:

- A. White British Irish Other White
- B. Mixed White & Black Caribbean White & Asian
 White & Black African Other Mixed
- C. Asian or Asian British Indian Pakistani Bangladeshi
 Kashmiri Other Asian
- D. Black or Black British Caribbean African Black Other
- E. Other ethnic groups Chinese Gypsy/Traveller Other Mixed

Address:

Postcode:

Tel number:

Email address:

Emergency contact number:

Alternative emergency contact name & contact number:

Please state if your child has any medical conditions / learning or behavioural difficulties that we need to take into consideration:

Please state prior knowledge and ability of swimming, including any awards:

Please give your preferred day and time for lessons:

Please indicate where you would like your child to attend lessons*:

Armley Rothwell Scott Hall * please note that the number of leisure centres delivering NPTS is limited during the pilot phase.

I have read all information and understand that the information provided on this form will be stored and processed in accordance with the principles of the Data Protection Act 1998. I confirm that I consent to this information being stored for the purpose of my child's swimming lessons application.

Parent/guardian print name:

Parent/guardian signature: Date (D/M/Y):