

Nuffield Health Swim School

2018 Booking Form

Lesson Day & Time:	
Full Name of Swimmer:	
Name of Parent/Guardian/Carer if Swimmer is under 18:	
Address and Postcode:	
Email Address:	
Contact Number:	
Date of Birth of Swimmer:	
Start Date of Agreement:	

MEDICAL QUESTIONNAIRE:

Do you/Does your child have Asthma? YES / NO

Do you/Does your child have Epilepsy? YES / NO

Have you/ your child had any recent injuries or other illness that may affect your/their swimming? YES / NO

If YES, please give details:

Please give details of any VISUAL / HEARING / SPEECH impairments:

Please list any Co-ordination / Learning difficulties you/your child may have:

Please list any Behavioural / Attention difficulties you/your child may have:

Subject to the [Terms and Conditions attached]

Print Name: _____ **Signature:** _____

If the Swimmer is under 18 this form must be signed by a parent or guardian over the age of 18

Nuffield Staff Print Name: _____ **Signature:** _____

Date: _____