

Perfect Strokes Swim Centre : Booking Form

Name of Swimmer :

Name
Parent/Guardian
if under 18

Telephone No's:

Contact Address

Mobile:

D.O.B (if under 18):

e-mail address

Swim Club and
coach name
(If applicable)

Please give details
of any Medical
conditions that
could affect your
safety in the water

Are there any
particular areas of
your technique
you would like to
focus on?

I agree that my details may be electronically stored and understand that they will only be used for the administration of Perfect Strokes Swim School and will not be released to any other parties.

I have read and agree
to abide by the terms
and conditions

Signature (Parent or guardian if under 18)

Date:

For Office Use	Package		Paid	£
			Start Date	
			Swimmer Ref:	