



Application form AMES UK SPORT CLUB

Membership to AMES UK Swim School

SURNAME _____ **FORENAME** _____

ADDRESS _____

POSTCODE _____ **eMail** _____

HOME PHONE _____ **MOBILE** _____

D.O.B ____/____/____ **Next of Kin** _____

Contact Number _____

Declaration of Health and Swimming Ability: *(delete "Yes" or "No" as appropriate)*

Do you or your child have any special needs or disabilities that AMES UK Sport Club should be made aware of?	Yes	Does your child suffer from any known medical or physical condition that might affect them during physical exercise? (If in any doubt you should first consult your doctor)	Yes
	No		No

If the answer is 'yes' to either of the above please give brief details below:

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TERMS AND CONDITIONS

1. Pupils currently in the swimming programme will have priority on re-booking for subsequent courses.
2. In the interests of Health & Safety parents are NOT permitted onto the pool side, except where specific sessions require the attendance of a parent/guardian.
3. In the event or circumstances beyond our control lessons may be rescheduled or cancelled without prior notice.
4. Refunds or extra lessons will not be given for non-attendance due to holidays, sickness etc.
5. Where considered necessary the Club reserves the right to change the course details, i.e. day, time, course, instructors etc. without prior notice.
6. Claims for refunds will not normally be considered. However, certain requests may have merit and the Proprietor will deal with these matters.
7. Approx. 5 minutes per lesson will be allocated to the administration of registration and record of achievement for pupils.
8. All places booked on the swim course must be paid for in advance and, therefore, bookings cannot be taken without prior payment
9. All information entered on this form will be kept **strictly confidential**.
10. **For health and safety reasons, please make sure that your child hasn't eaten anything for at least 2 hours prior of his/her lesson. We need to respect the other clubs using the pool. If your child accidentally vomits inside the water, you will be liable for any payment requested by the Whitgift health club.**

I have read and understood the terms and conditions above

Signed _____ Dated _____