



WOKING LEARN2SWIM



WOKING SWIMMING CLUB APPLICATION FORM

Parent's Name:		Date of application:	
Child's Name:		Child's Age:	Gender
Address:		Child's DOB:	
		Medical Conditions: Please Explain	
Post Code:		E-mail Address:	
Home Telephone:		Mobile Telephone*:	

*Please give mobile telephone number. This will enable us to text you via our Clarion communication system important session information.

Please complete the following questions:

- Can your child be in the water with armbands but without a parent in the water with them? *YES / NO
 (Parent will need to be poolside, however the parent cannot be in the water)
- Is your child happy to splash water on his / her face? *YES / NO
- Is your child happy to submerge his / her face in the water? *YES / NO
- Can your child hold their breath under water for a few seconds? *YES / NO
- Can your child swim with armbands kicking legs to move forward? *YES / NO
- Is your child happy swimming on their back with armbands? *YES / NO
- Can your child swim with armbands using legs and arms? *YES / NO
- Can your child swim on their front and back without armbands? *YES / NO
- Can you child swim breaststroke legs? *YES / NO

*please delete as appropriate

Lessons are held: **Monday & Wednesday (17.00hrs, 17.30hrs, 18.00hrs & 18.30hrs)**
 at Goldsworth Primary School, Bridge Barn Lane, Woking, GU21 6NL
Saturdays (08.00hrs, 08.30hrs, 09.00hrs, 09.30hrs, 10.00hrs, 10.30hrs, 11.00hrs, 11.30hrs)
 At Goldsworth Primary School and Horsell Junior School, Meadway Drive, Woking GU21 4TA
 Please note some of these sessions are now full.

Please select your preferred day for your child's learn to swim session(s) to take place:

1 st Choice	2 nd Choice	3 rd Choice

Please e-mail this form back to Kate Galloway at wokingsc.learn2swim@gmail.com

or place in a stamped addressed envelope to:

(Please do not send this form to either Goldsworth Primary School or Horsell Junior School)

Kate Galloway

Address: Brackendene House
 Woburn Hill
 Addlestone, Surrey
 KT15 2QE
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