Swimming Lesson Enrolment - Crash Course 2022

PARENT/GUARDIAN DETAILS (The person who will access the Home Portal)

Title:	Surname:			Forename:					known as:											
Date of Birth:																				
Address:																				
Town:									Pos	tcoc	le:	В	Т							
Telephone:		Mobile	0	7																
		Landline	0	2	8															
If you wish to use the Home Portal you must provide a valid email address.																				
Email:																				
Waves Pupil Contact membership no. (existing membership number if one already to be a set of the se										Irea	dy he	eld)								

For children, payment will be through a membership account held by their parent/guardian. This can be through an existing centre membership e.g. Fitness, or a Waves Pupil Contact membership for non-members. The Waves Pupil Contact membership is free of charge and for the sole purpose of managing swimming lesson payments and accessing the Home Portal.

PUPIL DETAILS

Title:	Surnam	e: Forename:		known as:					
Date of Birt	h:		Age:						
Membership no:									
LESSON DE	ETAILS	Start date:	Level:		Start Time:				
Please give details of any illnesses or needs an instructor should be aware of (e.g. asthma, hearing, ADHD, Aspergers etc.)									
Please indicate previous swimming courses attended and levels achieved:									

PUPIL DETAILS

Title:	Surnam	e: Forename:	known as	known as:					
Date of Birt	:h:		Age:						
Membership no:									
LESSON DI	ETAILS	Start date:	Level:	Start Time:					
Please give details of any illnesses or needs an instructor should be aware of (e.g. asthma, hearing, ADHD, Aspergers etc.)									
Please indicate previous swimming courses attended and levels achieved:									

PUPIL DETAILS

Title:	Surnam	e: Forename:	known a	s:					
Date of E	Birth:		Age:						
Members	Membership no:								
LESSON	DETAILS	Start date:	Level:	Start Time:					
Please give details of any illnesses or needs an instructor should be aware of (e.g. asthma, hearing, ADHD, Aspergers etc.)									
Please in	dicate previ	ous swimming courses attended and lev	els achieved:						

Please use a second form if more than 3 children. You only need to fill in the children's details.

Using your Personal Information

The Council takes your right to personal privacy seriously. Your personal information will be used for the purposes of managing your swim lesson membership and for sending you centre information relative to your enrolment.

We are required to process your information as part of the contract of enrolment for a centre activity. The Council will hold the information for a period of 3 years after the conclusion of your last enrolment.

If you have data protection gueries please contact the Council's Data Protection Officer at: dataprotection@ardsandnorthdown.gov.uk or visit the Council's website at: www.ardsandnorthdown.gov.uk/privacy-and-cookies

We send out information about centre activities and promotions. Please tick the box to confirm that you are happy to receive information that we may send.

Ards and North Down Borough Council may take photographs of pupils in swimming lessons for promotional purposes. The images may be used in newspapers, brochures, website, social media and other publicity material. Please tick the box if you consent to your son/daughter being photographed.

Please note: unfortunately we are unable to issue refunds under any circumstances.

I confirm that I have read, fully understand and agree to the Waves Swim Programme terms and conditions and abide by the Leisure Ards and North Down Admissions Policy and that the information I have provided on this form is correct and I will inform the centre of any changes in the future.

Signed: Parent/Guardian

Date:

For office use only.

Cash amount £65.00 Payment by:

Staff signature:

Receipt no.

Ards and North Down Borough Council

Booking forms/Waves Crash Course Form ISSUE DATE: 28/04/2022 ISSUE NO 6

Ards Blair Mayne Wellbeing and Leisure Complex