



# Parent/Carers Application Form

Please note that for safety and insurance purposes it will not be possible for the Parent/Carer to swim in the pool until this form is completed and signed

Full name:		Date of birth:	
Home address:			
		Postcode	
Email address:			
Phone number:		Mobile number:	
<b>Emergency Contact Details</b>		Name:	
Phone number:		Relationship to Parent/Carer:	
Name of Swimmer(s) that you will be supporting:			
Do you have any relevant key skills or previous experience that we should be aware of?			
Do you have any medical conditions that we need to be aware of?			
We also require you to provide contact details of <b>1</b> suitable referee that have known you for at least 3 years.			
Name:			
Address:			
Phone number:			
Email:			
How do you know your referee?			

Whilst the club is affiliated to the Halliwick Association of Swimming Therapy, which is an expert body in teaching people with disabilities to swim by the Halliwick Method, we are unable to accept responsibility for loss or damage



to a person or their belongings. All volunteers must abide by the Clubs policies, procedures and the Code of Good Practice.

Information contained within this form may be kept on a digital file in addition to this paper copy. If you object to this information being stored in this way, please inform the Chief Instructor or the IT, Media & Data Protection Officer.

Please return this form to: the Swans Chief Instructor or Training Instructor

Print name of person completing the form:	
Signed by person completing the form:	
Date:	