

SAPA Swimming Form 2016

Parent/Guardian Name: _____

Childs Names:

_____	Date of Birth: _____	Class: _____
_____	Date of Birth: _____	Class: _____
_____	Date of Birth: _____	Class: _____
_____	Date of Birth: _____	Class: _____

Address: _____

Home No: _____ **Mobile No:** _____

Contact in Emergency: _____ **Contact No:** _____

Medical Information: Please give details of any health problems, medications, special needs, allergies that the swimming instructors should be aware of:

I give permission for my child/ward to apply for the SAPA Swim School Programme. It should be noted that Swimming Pool Guidelines apply. The information provided in the application form will be treated with the strictest confidence.

Parents/Guardian Signature: _____ **Date:**

I enclose the amount of for full payment of the 2016 Autumn swimming term (€75 first child, €70 additional child(ren)) for the term Sept- Dec 2016.

I wish to pay for the SAPA Swim School Programme by:

Cheque. Cheques should be made payable to: SAPA