

# SAPA SWIMMING APPLICATION 2018/19

Childs Name

1. \_\_\_\_\_ DOB. \_\_\_\_\_ Class. \_\_\_\_\_
2. \_\_\_\_\_ DOB. \_\_\_\_\_ Class. \_\_\_\_\_
3. \_\_\_\_\_ DOB. \_\_\_\_\_ Class. \_\_\_\_\_
4. \_\_\_\_\_ DOB. \_\_\_\_\_ Class. \_\_\_\_\_

Parent/Guardian Name. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Contact in case of Emergency. \_\_\_\_\_ Contact No \_\_\_\_\_

**Medical info – Please give details of any health problems, medications, allergies that the swimming instructors should be aware of:**

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I give permission for my child/ward to take part in the SAPA/PSLC swimming lessons Sept – Dec 2018.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I enclose the amount of € \_\_\_\_\_ for payment (€75 for 1<sup>st</sup> child and €70 for each additional child)

I have read attached rules  (Please Tick)

Payment by – **please circle**

Cheque (made payable to SAPA)

Cash

Bank Transfer (details on School website)

We have a strict NO PAY NO SWIM policy. Please ensure application form and payment are submitted by Friday 14<sup>th</sup> Sept 2018 to ensure your child's place.

Anyone wishing to pay at a later date or by instalments can contact the School office or Swimming Coordinator (Karen Ramage 086 416 9187) in full confidence.