

Luton Penguins Swim School

www.lutonpenguinsswimschool.co.uk

luton.penguins@btinternet.com

07890 816 813

Swimmer Registration Form

(This information will be retained by the school)

I would like my child/children to join Luton Penguins Swim School and advise the following information for the school's records. (Please use block capitals)

Parent/Guardian Details

Name _____ Telephone No(s) _____ (H)

Address _____ (M)

_____ (M2)

_____ (W)

Postcode _____ e-mail address _____

Requested Day/Time _____

+++++

Name of child	Date of birth	Swimmer Yes/No	If yes, please state awards gained	School attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health & safety – If your child has any ailments, e.g Asthma, or requires medication or special attention, please indicate here:

How did you hear about us
(Example: name of school / name of friend recommending)

BEFORE SIGNING PLEASE READ AND AGREE THE TERMS AND CONDITIONS OVERLEAF

Signed
Parent/Guardian

Date

PLEASE RETURN THIS FORM AS QUICKLY AS POSSIBLE