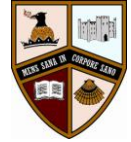




CASTLE PARK SWIM ACADEMY

ADULT LESSONS – BOOKING FORM



Name: _____

Address: _____

Home Phone: _____ **Mobile:** _____

Email: _____

Please tick here if you do not wish to be contacted by text or email.

Medical: Does you suffer from any allergies, injuries or medical conditions?

Please provide relevant details:

Please tick the course required:

- | | |
|---|--|
| Nervous Adults <input type="checkbox"/> | Lane Training <input type="checkbox"/> |
| Beginner <input type="checkbox"/> | Aqua Aerobics <input type="checkbox"/> |
| Improver <input type="checkbox"/> | |
| Advanced <input type="checkbox"/> | Other _____ |

Day Required: _____ **Time required:** _____

Start Date of Course: _____

I agree to the Terms and Conditions listed overleaf.

Signature: _____ **Date:** _____

For Office Use:	Course Code: _____
Processed By: _____	Date: _____
Payment Received: _____	Receipt No: _____



CASTLE PARK SWIM ACADEMY

ADULT LESSONS – BOOKING FORM



Terms and Conditions

1. Bookings will not be accepted without full payment at the time of booking. Receipt must be retained as proof of payment and must be produced on request.
2. No refund will be given upon cancellation of a place in a course of lessons. No credit will be given for missed lessons.
3. Castle Park Swim Academy reserves the right to cancel lessons due to unforeseen circumstances or health and safety issues. Credit for any cancelled lessons will be given at the time of rebooking.
4. Full payment is required to secure your place in the following term of lessons. Deposits / part payment will not be accepted and places will not be held without full payment. Receipt must be retained as proof of payment, and must be produced on request. Re-enrolment takes place in Week 7 of the eight week term, places not rebooked by this date will be released to the general public.
5. You will permit basic First Aid to be administered by a suitably qualified member of staff where considered necessary or by a qualified medical practitioner, and furthermore authorise a qualified medical practitioner to provide emergency treatment or medication if necessary.
6. Personal information requested by the Castle Park Swim Academy at the time of booking or any subsequent information is held in its original form and on computer. The Swim Academy is the Data Controller for the purposes of the Data Protection Act 1988 and will process the data in accordance with the Act. The Swim Academy will not divulge your information to Third Parties. By providing us with your information to process a booking, you agree that your personal information can be:
 - a) held and accessed by the Swim Academy's authorised staff, and
 - b) used to contact you in the future either by email, text or post to send you e-news and general information, unless you indicate that you do not wish to avail of this facility by ticking the relevant box on the Booking Form.
7. The Swim Academy's acceptance of any booking will only be done subject to your acceptance of these conditions. Payment of a course fee and/or a consent signature of the customer will be regarded as evidence of acceptance of, and consent to, these conditions.