



Free Swimming Lesson Registration Form



Thank you for your interest in the Free Swimming Lessons, which are a part of the Governments Free Swimming Initiative, delivered in partnership with the ASA – the National Governing Body for Swimming in England. For you to be eligible to attend the lessons, we would appreciate you completing all sections of the registration form below.

Name:			
Address:			
County:			
Post Code:		Phone:	
Email:			

Gender: Male Female

Age: If you are happy for us to know your actual age, please add here _____

Otherwise, please tick appropriate age range:

11 – 15	<input type="checkbox"/>	15 -17	<input type="checkbox"/>	18 – 21	<input type="checkbox"/>	22 – 30	<input type="checkbox"/>
31 – 40	<input type="checkbox"/>	41 – 50	<input type="checkbox"/>	51 – 60	<input type="checkbox"/>	60 +	<input type="checkbox"/>

Ethnic Origin: I would describe my Ethnic Origin as:

- | | |
|--|---|
| <input type="checkbox"/> White - British | <input type="checkbox"/> Asian or Asian British - Pakistani |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> Any other white background | <input type="checkbox"/> Any other Asian Background |
| <input type="checkbox"/> Mixed – White and black Caribbean | <input type="checkbox"/> Black or black British – Caribbean |
| <input type="checkbox"/> Mixed – White and black African | <input type="checkbox"/> Black or black British – African |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Any other black background |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Any Other |

Swimming Ability:

Non Swimmer Beginner Weak Swimmer

Do you have specific health concerns that we need to be aware of?

Asthma Heart Conditions Epilepsy Arthritis Diabetes

Other, please specify: _____

As with all exercise it is recommended that you consult your doctor as to its suitability prior to attending.

I confirm that I have sought medical advice and would like to take part in the Free Swimming Lessons.

Signed: _____

Date: _____