



CHILD INFORMATION FORM

Childs Name:	Date of Birth:
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PARENT/CARERS

Name:
Contact number:
Email address:
Postal Address:

CHILD'S PREVIOUS SWIMMING EXPERIENCE/LAST BADGE/
CONFIDENCE IN THE WATER/USE OF BUOYANCY AIDS:

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ANY MEDICAL CONDITIONS/ALLERGIES/MEDICATION
THAT KEEP ON SWIMMING SHOULD BE MADE AWARE OF:

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IS THERE ANY OTHER INFORMATION THAT KEEP ON SWIMMING SHOULD BE MADE OF:

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