

BOVEY TRACEY SWIMMING POOL ASSOCIATION

BOVEY TRACEY LIFESAVING SPORTS CLUB APPLICATION FORM 2019

Lifesaving Sports Club

- ❖ Sundays from 28th April 6.00pm - 8.00pm
- ❖ Born in or before 2007
- ❖ Working towards Bronze & Silver Core, Bronze & Silver Sport, Life Support Awards
- ❖ Membership £40.00 + £3.00 payable weekly
- ❖ Award Fee £15.00 or £25.00 if you require a book
- ❖ **PLEASE NOTE: You must be able to swim 50m comfortably**

Lifesaving Speed Swimming Club

- ❖ Tuesdays from 30th April 7.30pm - 8.30pm
- ❖ School Year 6 to Adults
- ❖ Membership £40.00 + £2.00 payable weekly. Only 1 membership needs to be paid even if you join both sessions.
- ❖ Sport Award fee £15.00 (if taken)
- ❖ **PLEASE NOTE: You must be able to swim 100m comfortably**

Please email Sue Hutchings with any questions - suejhutchings@yahoo.co.uk

- ❖ To effectively organise the Club, we require certain information. Only complete the details below if you are happy for us to hold the information in accordance with our Privacy Notice, a copy of which is available from our website www.boveyswimmingpool.org.uk or by emailing boveypool@gmail.com
- ❖ Please complete and return this application form to the Pool Kiosk
- ❖ Places are limited and will be allocated on a first come, first served basis
- ❖ It is important to include details of your child's age and previous lifesaving experience please
- ❖ Sue Hutchings will contact you to confirm your child's place - preferably by email so please provide a legible email address
- ❖ Payment of the membership fee is due at the first session
- ❖ No refunds can be given for non-attendance by the pupil
- ❖ For your child's safety and to help with instruction during lifesaving lessons, at times it may be necessary for the instructor to support or hold a child either in the water or pool surround. By completing the form below, you are giving your consent for the instructor to do this.
- ❖ Occasionally, for publicity purposes, photographs of club members may be taken. Please tick here if you DO give your consent.

PLEASE PRINT:

Child's Name

Address Postcode

Tel No

Contact Email Address

Date of Birth

Previous Lifesaving Level Attained (if applicable)

RLSS Society Number & Expiry Date (if applicable)

Medical Conditions

Please provide any important medical information we should be aware of (eg asthma, epilepsy etc)

BTSPA would stress that instructors are volunteers and give their time freely. We would ask that all club members respect the instructors and follow instruction at all time. Any club members behaving inappropriately will be asked to leave the course.

Emergency Contacts:

1. Name Home Tel No
Relationship to Child Mobile Tel No

2. Name Home Tel No
Relationship to Child Mobile Tel No

For completion by BTSPA Treasurer: Amount Paid Date Paid

THIS FORM TO BE RETAINED AT BOVEY TRACEY SWIMMING POOL