

Swimmer’s name**:**

D.O.B:

Swimming Location:

Swimming day:

Class time**:**

Any awards/badges they have received:

Contact number**:**

Email address**:**

Parent/guardian’s name**:**

Signature **(by typing your name, you acknowledge the information on the form to be correct):**

Andy & Matt

Please complete this electronically and email it to either sutton@suesswimschool.co.uk

**GDPR compliance agreement**



Signature **(by typing your name, you acknowledge the information on the form to be correct):**

**Date:**