



Basepoint  
Business Centre  
Unit 37  
1 Winnall  
Valley Road  
Winchester  
SO23 0LD

## OUTREACH SWIM LESSONS

### PERSONAL DETAILS

Child's Name: .....

Has your child attended

previous swimming lessons? YES/NO

If YES, where? .....

What level of class did he/she attend? .....

What is his/her highest grade/water skills badge achieved? .....

What is his/her highest distance badge achieved? .....

### MEDICAL HISTORY

Does your child suffer from any of the following?

ASTHMA YES/NO

DIABETES YES/NO

EPILEPSY YES/NO

Please specify any other medical condition/s .....

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Is your child allergic to any medication or minor first aid equipment? .....

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If you are interested in receiving offers about holiday lessons and term time lessons, please leave your email address below

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Thank you for your co-operation in completing this form.

*Judy Sporle Swim Team*