

MILLFIELD SWIMMING LESSONS FOR ADULTS

SUMMER TERM 2017 APPLICATION FORM
TERM DATES: TUESDAY 18TH APRIL - THURSDAY 29TH JUNE

ABOUT YOU

Surname _____ First Name _____

Date of Birth Male Female

Name _____

Address _____

Postcode _____

Home Tel. _____ Mobile _____

E-mail _____

What would you like to work on during the lessons? Please try to describe your level (beginner, intermediate, advanced) and any strokes you would like to work on (if any) _____

Which session would you like to attend? *Tuesdays 20.45-21.45* *Thursdays 20.45-21.45*

MEDICAL DETAILS

Please specify any relevant allergies or medical conditions you have (if none state N/A) _____

Name of Doctor _____ Surgery Tel. _____

Next of Kin Details Name _____

Home Tel. _____ Mobile _____

TERMS AND CONDITIONS

Please sign below to accept.

Safety Regulations for the safety and comfort of attendees must be observed.

Behaviour Millfield reserves the right to send anyone home who demonstrates thoroughly unreasonable behaviour.

Smoking Millfield is a non-smoking campus, therefore smoking is strictly prohibited.

Personal Loss or Injury Millfield cannot accept responsibility for any personal loss or injury.

Cancellation Millfield reserves the right to cancel the course up to 7 days before the start date if numbers enrolled have not reached the minimum requirement. A complete refund of the fee will be given or an alternative course offered.

Refunds Refunds will only be given in the event of the course being cancelled by Millfield.

Insurance Attendees are encouraged to take out medical/accident insurance to cover injury or sickness during or prior to the course.

Medical Cover Millfield lifeguards are First Aid qualified and will be on duty throughout sessions to provide First Aid if required.

Application Deadline Application forms must be completed and returned to Millfield Swimming Pool 72 hours prior to the applicant's first day of participation.

Photographs and Videos First names, photographs and videos may be taken and used electronically for marketing purposes, online and/or in print. Objections will be respected - please make these in writing to Sarah Godwin at Millfield Swimming Pool no less than 72 hours before the course start date.

I understand and accept all Terms & Conditions. Please sign in order for us to process your application.

Signature _____ Date _____

Please tick this box if you would not like to receive mailings from Millfield Swimming Pool

COURSE PAYMENT

Please note, we require full payment for all lessons on application.

Please tick ✓ your chosen option

I am paying for Summer Term 2017 (11 lessons) at a cost of £110

Please tick ✓ your chosen method of payment

Cheque (payable to 'Millfield') Credit/Debit Card (please fill in details below) Cash

Please debit my Mastercard / Access / Visa / Switch / Solo card

Expiry Date Valid from Issue no. Sec. Code

Card holder's name (please print) _____

Card holder's signature _____ Date _____

Please affix a photo here for your ID card.

Please return application forms to:

Sarah Godwin, Millfield Swimming Pool, Street, Somerset, BA16 0YD

T 01458 444 519 E swimschool@millfieldschool.com W millfieldenterprises.com/swim

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