## REGISTER YOUR INTEREST

| Parent/Guardian Name   | 2:                 |                          |                       |              |
|--|--------------------|--------------------------|-----------------------|--------------|
| Child Name:  |                    |                          |                       |              |
| Age:   |                    |                          |                       |              |
| Male/Female:   |                    |                          |                       |              |
| Ethnicity:   |                    |                          |                       |              |
| School   |                    |                          |                       | School Year: |
| Address:   |                    |                          |                       |              |
| Email Address:   |                    |                          |                       |              |
| Telephone Number:  |                    |                          |                       |              |
| How did you hear about this scheme?  |                    |                          |                       |              |
| Is your child currently undertaking swimming lessons?  |                    |                          |                       |              |
| Yes No   |                    |                          |                       |              |
| If yes, what stage are they?   |                    |                          |                       |              |
| Lessons you are applying for:  4 - 13 years old Family Lessons (5 week course starting w/c 26th July)  |                    |                          |                       |              |
| 13 - 16 years old Adult & Child (5 week course starting w/c 26th July)   |                    |                          |                       |              |
| Can your child retrieve  | an object?         | Can your child           | swim 10m?             |              |
| Yes No   |                    | Yes                      | No                    |              |
| Can your child submerge their face?  |                    | Can your child swim 25m? |                       |              |
| Yes No   |                    | Yes                      | No                    |              |
| Can your child float on  | their front/back?  | Do you qualify           | , for concessionary o | liscounts?   |
| Yes No   |                    | Yes                      | No                    |              |
| Can your child swim 5m?  |                    |                          |                       |              |
| Yes No   |                    |                          |                       |              |
| Preferred Centre:  |                    |                          |                       |              |
| Archway Pool   | Highbury Pool      |                          |                       |              |
| Cally Pool Ironmonger Row Baths  |                    |                          |                       |              |
| Preferred Weeks; Please select 1 or 2 of the below weeks:  26th - 30th July  |                    |                          |                       |              |
|  |                    |                          |                       |              |
| 2nd - 6th August   | 16th - 20th August |                          |                       |              |
| Once the form has been completed , you can scan and email it to <pre>summer.lessons@gll.org</pre> or return it to reception at your chosen leisure centre. |                    |                          |                       |              |



Working in partnership

