Date received at Pool:

## BOVEY TRACEY SWIMMING POOL ASSOCIATION \_\_\_\_\_\_\_\_ BOVEY TRACEY JUNIOR LIFESAVING CLUB APPLICATION FORM 2019

## Junior Lifesaving (Rookie Lifeguard)

- from Wednesday 5th June to Wednesday 17th July
- Bronze 6.30pm 7.30pm, Silver 7.00pm 8.00pm and Gold 7.30pm 8.30pm
- age 8 to 12 years
- ❖ PLEASE NOTE: You must be able to swim 50m (2 lengths) comfortably
- £36.00 (includes certificate & badge)
- 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 <a href="https://www.boveyswimmingpool.org.uk">www.boveyswimmingpool.org.uk</a> or by emailing <a href="mailto:boveypool@qmail.com">boveypool@qmail.com</a>
- Please complete and return this application form to the Pool Kiosk before Sunday 5th May
- Places are limited for all groups and will be allocated on a first come, first served basis
- Allocation of timeslots will be based on your child's age and previous lifesaving experience it is important to include these details below please
- You will be invited to bring your child to an assessment session to determine their swimming ability. This is usually for everyone except last year's Lifesaving Club members and will take place on Thursday 9th May from 6.00pm.
- Sally Kingdon will contact you to confirm your child's place preferably by email so please provide a legible email address
- Payment for the sessions is due at the first lesson
- No refunds can be given for non-attendance by the pupil
- ❖ For your child's safety and to help with instruction during junior 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. ☐

Child Addr Home Conta Date Previ RLSS Medi	SE PRINT:  's Name  'ess  E Tel No  act Email Address  of Birth  ous Lifesaving Level Attained  Society Number  cal Conditions  e provide any important medical information we sho	members respect the instructors and follow instruction at all time. Any club members behaving inappropriately will be asked to leave the course.  (if applicable)  (if applicable)
Emer 1.	gency Contacts:  Name  Relationship to Child	
2.	NameRelationship to Child	Home Tel No
	completion by BTSPA Treasurer:	te Paid

THIS FORM TO BE RETAINED AT BOVEY TRACEY SWIMMING POOL