

NEPTUNES SWIMMING SCHOOL

Summer 2019

REGISTRATION FORM (write in Block Letters please)

Name and Surname (Swimmer): _____

Address: _____

Post Code: _____

Telephone No. _____ Date of Birth: _____ Boy / Girl _____

Mobile (Mother) _____ Mobile (Father) _____

E-Mail: _____
Clearly please

Applying to attend Group: _____ on _____ time: _____

Allergies/Medication Reactions etc. _____

Paid Cash / Chq.no _____ Amount: Euro _____ Receipt No. _____ (for Office Use)
(Please make cheques payable to Neptunes WPSC)

Declaration

I, as parent/guardian of the above participant, accept that Neptunes WPSC, swimming school organisers, coaches and officials, sponsors, other competitors and associates, are not liable for any loss, damage, injury, death, claim or expenses which might arise during or as a consequence of his/her participation in the swimming school or any other event organised by the swimming school and club. The participant is in good health and will be participating at his own risk. I also give my permission for the child to receive first aid in case of emergency, even if I cannot be contacted immediately by phone. I agree to the declaration being accepted for all activities and events organised by Neptunes WPSC that I may enter at a later date.

I grant permission to publish photos and indicate names of my child in Neptunes WPSC publications.

I GRANT CONSENT _____ I REFUSE CONSENT _____

Neptunes WPSC collects personal information for the use of confirming our client program details such as communicating time-tables and information about activities of the club.

Signed (Parent/Guardian) _____ Date: _____ 2019

NAME (of Parent/Guardian) IN BLOCK LETTERS _____