

Atlantis Sports and Leisure Centre

Information form

Date.....

Child's first name.....

Child's Surname.....

Date of birth.....

Address.....

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Postcode.....

Parent or carer's name.....

Telephone numbers

Day..... Evening.....

Mobile..... Email.....

We strongly advise you add an email address as we communicate by email wherever possible.

In the interest of safety do you have any medical conditions, i.e. Asthma, Epilepsy, Hyperactivity, Diabetes or any other not listed?

In the event of health and safety to your child and others in the lesson, we would ask you to give details.

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Please advise us should your circumstances change.

Rebecca MacKinnon

Swimming Development Officer

Atlantis Leisure

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