



## Booking Form

Venue:

Course:

Date:

Group: 1            or    Group: 2

### Contact Details:

Name of Swimmer:

DoB:

Swimming Club:

Address:

Postcode:

Home Tel. No:

Mobile Tel. No:

E-Mail Address:

Alternative Emergency

Contact Name & Number:

Details of medical conditions (e.g. asthma, epilepsy, diabetes etc.), including details of any medication. \_\_\_\_\_

I consent to my son/daughter\* \_\_\_\_\_ participating in the Art of Butterfly / Art of Breaststroke / Starts & Turns and I do /do not\* enclose payment of \_\_\_\_\_. (Cheques are made payable to SCG Ltd.)

Please note no refunds will be given less than 10 days prior to the start of a clinic. A transfer to the next available regional clinic will be offered.

I do/do not\* give my consent for my child to be photographed and for his/her\* image to be used for publicity purposes. (Photos will only be published on the Nick Gillingham website and /or in the local press, names will not be attached to photographs without further consent.

Signed (parent/carer) \_\_\_\_\_ Date \_\_\_\_\_

\*delete as appropriate

### Sports Communication Group Limited

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