Application Form for Free Swimming 16 years and under

FIRST NAME:

SURNAME:

☐ MALE ☐ FEMALE | DATE OF BIRTH: | CURRENT AGE:

ADDRESS:

POSTCODE (Must be completed):

TEL NO. (HOME): | MOBILE NO.:

EMAIL ADDRESS:

START DATE:

FIRST NAME OF PARENT/GUARDIAN:

SURNAME OF PARENT/GUARDIAN:

DO YOU CURRENTLY SWIM AT BELPER LEISURE CENTRE? (please tick) ☐ YES ☐ NO

IF YES, HOW MANY TIMES DO YOU SWIM A MONTH? (please insert number in the box) ☐

DO YOU ATTEND SWIM RIGHT LESSONS AT BELPER LEISURE CENTRE? (please tick) ☐ YES ☐ NO

DO YOU TAKE PART IN ANY OTHER EXERCISE, PHYSICAL ACTIVITY OR SPORT? (please tick) ☐ YES ☐ NO

IF YES, PLEASE TELL US WHAT ACTIVITY OR SPORT?

YOUR ETHNIC ORIGIN (please tick which which you feel most represents you)

☐ WHITE BRITISH	☐ WHITE & ASIAN	☐ ANY OTHER CHINESE BACKGROUD	☐ INDIAN	☐ ANY OTHER ETHNIC BACKGROUND
☐ WHITE IRISH	☐ WHITE & BLACK CARRIBEAN	☐ BLACK CARIBBEAN	☐ PAKISTANI	☐ DUAL HERITAGE
☐ ANY OTHER WHITE BACKGROUND	☐ ANY OTHER MIXED BACKGROUND	☐ BLACK AFRICAN	☐ BANGLADESHI	
☐ WHITE & BLACK AFRICAN	☐ CHINESE	☐ ANY OTHER BLACK BACKGROUND	☐ ANY OTHER ASIAN BACKGROUND	

HOW DID YOU HEAR ABOUT THE FREE SWIMMING SCHEME? (please tick all that apply)

☐ LOCAL RADIO	☐ POSTER DISPLAY	WHERE:
☐ NEWSPAPER ARTICLE	☐ ADVERT	WHERE:
☐ FAMILY OR FRIEND	☐ LEAFLET	WHERE:
☐ B-ACTIVE BUS	☐ WEBSITE	WHERE:
☐ FROM SCHOOL	☐ OTHER	PLEASE LET US KNOW:

IF YOU WOULD LIKE TO RECEIVE INFORMATION ABOUT OTHER SPORT AND LEISURE ACTIVITIES PLEASE TICK HERE ☐

All information provided will be treated in confidence and in accordance with the Data Protection Act 1998.
It will only be used to provide you with informaiton about Sport and Leisure.

PLEASE SIGN BELOW TO CONFIRM THAT YOU HAVE READ THE TERMS AND CONDITIONS FOR FREE SWIMMING.
SIGNATURE: DATE:

FOR OFFICE USE ONLY
PROOF OF AGE SHOWN? ☐ YES ☐ NO
PHOTO TAKEN ☐ YES ☐ NO

BELPER LEISURE CENTRE
MEMBERSHIP NO.:
STAFF INITIALS:

Belper Leisure Centre Ltd.

AMBER VALLEY BOROUGH COUNCIL

swim 4 life