



Corbets Tey School
Fun Splash and Learn To Swim Registration



Swimming Session Attending: _____

Contact Information:

Parent/Guardian's Name: _____

Address: _____

Home Telephone: _____ Mobile: _____

Email: _____

Child 1

Child's Name: _____ D.O.B: _____

School Attending: _____ Class: _____

Doctors Name/Contact: _____

Child's Disability:

Please specify nature of your child's disability (please tick all that apply):

Mobility/Physical

Learning

Hearing

Other (Please specify) _____

Seeing

Details of disability: _____

Child 2 (if applicable)

Child's Name: _____ D.O.B: _____

School Attending: _____

Doctors Name/Contact: _____

Any Medical Conditions: _____

Child 3 (if applicable)

Child's Name: _____ D.O.B: _____

School Attending: _____

Doctors Name/Contact: _____

Any Medical Conditions: _____

Signed: _____ Date: _____

Relationship with Child(ren): _____