

Application Form for Free Swimming 16 years and under

FIRST NAME:	
SURNAME:	
<input type="checkbox"/> MALE	<input type="checkbox"/> 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)

<input type="checkbox"/> WHITE BRITISH	<input type="checkbox"/> WHITE & ASIAN	<input type="checkbox"/> ANY OTHER CHINESE BACKGROUND	<input type="checkbox"/> INDIAN	<input type="checkbox"/> ANY OTHER ETHNIC BACKGROUND
<input type="checkbox"/> WHITE IRISH	<input type="checkbox"/> WHITE & BLACK CARRIBEAN	<input type="checkbox"/> BLACK CARIBBEAN	<input type="checkbox"/> PAKISTANI	<input type="checkbox"/> DUAL HERITAGE
<input type="checkbox"/> ANY OTHER WHITE BACKGROUND	<input type="checkbox"/> ANY OTHER MIXED BACKGROUND	<input type="checkbox"/> BLACK AFRICAN	<input type="checkbox"/> BANGLADESHI	
<input type="checkbox"/> WHITE & BLACK AFRICAN	<input type="checkbox"/> CHINESE	<input type="checkbox"/> ANY OTHER BLACK BACKGROUND	<input type="checkbox"/> ANY OTHER ASIAN BACKGROUND	

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

<input type="checkbox"/> LOCAL RADIO	<input type="checkbox"/> POSTER DISPLAY	WHERE: <input style="width: 400px;" type="text"/>
<input type="checkbox"/> NEWSPAPER ARTICLE	<input type="checkbox"/> ADVERT	WHERE: <input style="width: 400px;" type="text"/>
<input type="checkbox"/> FAMILY OR FRIEND	<input type="checkbox"/> LEAFLET	WHERE: <input style="width: 400px;" type="text"/>
<input type="checkbox"/> B-ACTIVE BUS	<input type="checkbox"/> WEBSITE	WHERE: <input style="width: 400px;" type="text"/>
<input type="checkbox"/> FROM SCHOOL	<input type="checkbox"/> OTHER	PLEASE LET US KNOW: <input style="width: 400px;" type="text"/>

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 information 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		BELPER LEISURE CENTRE
PROOF OF AGE SHOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		MEMBERSHIP NO.:
PHOTO TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO		STAFF INITIALS: