

07736282001 admin@watersprites.co.uk

## **Enrolment Form**

Title:	Mr / Mrs / Miss / Ms / Dr		(Delete as appropriate)
First Name:		Surname:	
Address:			
Postcode:		Mobile Tel:	
Home Tel:		Work Tel:	
E-mail address:			
General health:			
Any past or present problems or injuries:			
YOUR CHILDS DETA	AILS		,
First Name:		Surname:	
Gender:	Male / Female	Date of Birth:	
Course:	Baby Sprites: 0-8months		
(Delete as appropriate)	Bubble Sprites: 8-18months		
	Aqua Sprites: From 18 months upwards		
General health:			
Any past or present problems or injuries:			
	rites.co.uk to complete the enro	olment form online	
How did you hear a	about Water Sprites?		

Signed:	(Parent or Guardian)
Printed:	(Parent or Guardian)
Photograph Permission	
used for the Water Sprites wel	sk permission to take photographs of the children during classes. These may be e, promotional materials or marketing displays. Names will not be used and by third parties. Please complete permission slip below and delete as appropriate
I,	(your name) do / do not give permission for photos of my child,
	(child's name) to be used if required for the purposes detailed above
Signed:	(Parent or Guardian)
Printed:	(Parent or Guardian)
Date:	

I have read and agree to the Water Sprites Terms and Conditions:

Please return your completed form via email or to your first class. If paying by cheque please make payable to 'Water Sprites Swim School Ltd' or pay via internet banking **E Couser**, **Sort**: **09-01-28 Account**: **65074670**.