



DOMESTIC BOOKING FORM

CONTACT DETAILS (Swimmer)

Full Name:	Date of Birth:	Age on day:
Male / Female (please circle)	Address:	
County:	Post Code:	Telephone (parents / carers):

INFORMATION BACKGROUND (Swimmer)

Ability: Club County Regional National International (please circle)	ASA Club:
Main Stroke (best stroke):	Second Stroke:
50 Metre Time (PB): Seconds	50 Metre Time (PB): Seconds

CONTACT (Parent / Guardian): Needed for confirmation and correspondence

Name (Parent / Guardian):	Telephone:	Email:
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EMERGENCY CONTACT (Parent / Guardian)

Name (Parent / Guardian):	Tel. No:	Mob. No:
Relationship to child:	Email:	
Address & Post Code (if different from above):		

SWIM COURSE / SWIM CAMP DATE: Please Tick Appropriate Box(s)

Art of Breaststroke - Venue:	Art of Butterfly – Venue:
Art of Starts & Turns – Venue:	Other:

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MEDICAL INFORMATION

Please give details of any illness (Example: diabetes, asthma, allergies, other), or injuries (including hypermobility syndrome) or medication we should be aware of:

HOW DID YOU FIRST HEAR ABOUT US? (Please Circle)

Website Internet Search Poster Leaflet Swim Club ASA Friend Other (please state)

STROKE ANALYSIS 1-2-1: Video Stroke Analysis is offered for £45 please circle if interested YES NO

I have read and agree with the Terms and Conditions as written on page two of this booking form and to the best of my knowledge all the information give as above is correct.

Signature of parent / guardian:

Date:

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BACS

Bank: Barclays
Company Name: SCG Limited
Sort Code: 20-58-17
Account Number: 23246620



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INFORMATION BACKGROUND (Swimmer)

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50 Metre Time (PB):	Seconds	50 Metre Time (PB):	Seconds

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DOMESTIC BOOKING FORM

CONTACT DETAILS (Swimmer)

Full Name:		Date of Birth:	Age on day:
Male / Female (please circle)	Address:		
County:	Post Code:	Telephone (parents / carers):	

INFORMATION BACKGROUND (Swimmer)

Ability: Club County Regional National International (please circle)		ASA Club:	
Main Stroke (best stroke):	Second Stroke:		
50 Metre Time (PB):	Seconds	50 Metre Time (PB):	Seconds

CONTACT (Parent / Guardian): Needed for confirmation and correspondence

Name (Parent / Guardian):	Telephone:	Email:
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EMERGENCY CONTACT (Parent / Guardian)

Name (Parent / Guardian):	Tel. No:	Mob. No:
Relationship to child:	Email:	

Address & Post Code (if different from above):

SWIM COURSE / SWIM CAMP DATE: Please Tick Appropriate Box(s)

Art of Breaststroke - Venue:	Art of Butterfly – Venue:
Art of Starts & Turns – Venue:	Other:

NGSA may at times wish to take group photographs and or video of the swimmers and or coaches attending the swim course and or swim camp for promotional material to include website, local press and or social media. We do so in accordance with the ASA Child Safeguarding Policy and Procedures; By signing the NGSA booking form, it is both assumed and agreed that permission is given by parents and or guardians unless stated otherwise when booking or at registration on the day of the event. **Consent Granted YES NO** (please circle).

MEDICAL INFORMATION

Please give details of any illness (Example: diabetes, asthma, allergies, other), or injuries (including hypermobility syndrome) or medication we should be aware of:

HOW DID YOU FIRST HEAR ABOUT US? (Please Circle)

Website Internet Search Poster Leaflet Swim Club ASA Friend Other (please state)

STROKE ANALYSIS 1-2-1: Video Stroke Analysis is offered for £45 please circle if interested YES NO

I have read and agree with the Terms and Conditions as written on page two of this booking form and to the best of my knowledge all the information give as above is correct.

Signature of parent / guardian:

Date:

This 'Booking Form' must be completed and returned by email to swim@nickgillingham.com or post to: Sports Communication Group Limited, Nick Gillingham Swim Academy, Walkmill, Warkworth, Northumberland, NE65 9AJ. Payment is to be made at the time of booking and made by Cheque, BACS or Credit Card. Cheques are payable to SCG Limited and sent to above address. BACS details are shown opposite. For Credit Card payments call 01665 710 155, please note a 4% surcharge applies.

BACS

Bank: Barclays
Company Name: SCG Limited
Sort Code: 20-58-17
Account Number: 23246620



Swim Courses and Camps Terms and Conditions

1. Bookings. All bookings can only be taken following the return and receipt of an NGSA booking form and payment in full on a first come first serve basis.
2. Payments. All payments should be received at the time of booking.
3. Cancellations. In exceptional circumstances NGSA may have to cancel a swim course or swim camp. In the event of cancellation a full refund will be given or alternative course date offered.
4. Refunds. Refunds can only be given if written cancellation notice is received at least 10 working days before the start of the swim course or swim camp. Any refund will be less the £15 administration fee. If less than 10 working days is given for whatsoever reason including sickness and or injury an alternative course date will be offered.
5. Timetables. The timetables for swim courses and or swim camps may be subject to change. If in the unlikely event this does happen it is anticipated that developmental and learning outcomes will not be adversely affected.
6. Photography and Video. NGSA may at times wish to take group photographs and or video of the swimmers and or coaches attending the swim course and or swim camp for promotional material to include website, local press and or social media. We do so in accordance with the ASA Child Safeguarding Policy and Procedures; By signing the NGSA booking form, it is both assumed and agreed that permission is given by parents and or guardians unless stated otherwise when booking (as highlighted on the booking form) or at registration on the day of the event.
7. Liability. It is requested that personal belongings of a participant has his/her name clearly marked. NGSA cannot accept any responsibility for the damage or loss to personal belongings that are brought on site.
8. Data Protection. All personal information will be held securely by NGSA and used in accordance with the Data Protection Act 1998. We will not distribute the information to any third parties. We may contact you with relevant opportunities and information which we think may be of interest to you. Please inform us if, at any time, you wish to opt out of our mail list at any stage.
9. Health and Fitness. By signing the NGSA booking form you will have agreed that your son and or daughter is indeed medically fit to partake in medium to strenuous exercise. It is strictly requested that NGSA must be made aware in writing of any condition(s), medical or health related that may prevent this. Any historical medical condition(s) must also be highlighted in writing as per the booking form to safeguard against risk to best ensure the health and safety of participants.
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Full Name:	Date of Birth:	Age on day:
Male / Female (please circle)	Address:	
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