

Swimming course booking form



Full name of pupil	D.O.B	class	day	time	Richmond Card*
					yes / no
					yes / no
					yes / no
					yes / no

Medical conditions / special requirements:

Name of parent/carer:

Address:

..... **postcode:**

Phone - home: **work:** **mobile:**

emergency contact number:

Email*:

* If you do not want to receive, via email, text or post, information on future offers, activities or events from the Sport & Fitness Services Section, please tick this box

Payment of £..... **cash** **debit/credit card** **cheque** **Cheques payable to LBRUT**

NB Payment must be made at the time of booking. * Richmond Card with paid for leisure subscription

It would help us with our marketing if you could indicate where you found out about this course/activity:

word of mouth local press school school name.....

local library Live It Up other leaflet please state.....

internet telephone enquiry other please state.....

I agree that I/or my child can participate in the above course and that I have read and agreed the terms and conditions.

Signed (parent or guardian)..... **Date:**.....

Pools on the Park

Old Deer Park, Richmond TW9 2SF

Phone: 020 3772 2999 www.richmond.gov.uk/sports



Equalities monitoring - in order to ensure that we are reaching all areas of the community it would be helpful if you could complete the following:

A-White English/Welsh/Scottish/Northern Irish/British Gypsy/Irish Traveller Irish Eastern European
 Any other White background, please describe

B-Mixed/Multi Ethnic Groups White and Black Caribbean White and Black African White and Asian
 Any other mixed/Multi Ethnic Groups background, please describe

C-Asian or Asian British Indian Pakistani Bangladeshi Afghan Chinese
 Any other Asian background, please describe

D-Black/African/Caribbean or Black British Caribbean African
 Any other Black/African/Caribbean background, please describe.....

E-Other ethnic background Arab Any other ethnic background, please describe.....

F-Prefer not to say

Disability Do you consider yourself to have a disability? No Yes - please specify:.....

physical impairment sensory impairment mental health condition learning disability/difficulty
 prefer not to say Other-please specify prefer not to say

Age under 16 yrs 16 -24 yrs 25-34 yrs 35-44 yrs 45-54 yrs 55-64 yrs 65-74 yrs
 75-84 yrs 85+ yrs prefer not to say **Gender** female male prefer not to say

Data Protection - For full details of Richmond Council's Data Protection Policy please visit www.richmond.gov.uk

Personal Information Policy - for full details of Richmond Council's Personal Information Policy please visit www.richmond.gov.uk

If you do not want to receive information about offers, activities and events from the Sports and Fitness Services Section, please tick

If you do not wish to be contacted by the Sports and Fitness Services Section, for research purposes (excluding research or surveys the Council is required to conduct) please tick

Please contact us if you need this leaflet in Braille, large print, on audio tape or in another language. Phone: 020 8891 1411, Minicom: 020 8831 6001.

If you have difficulty understanding this leaflet please visit reception at the address below, where we can arrange a telephone interpreting service.

اگر در فهمیدن این نشریه مشکلی دارید لطفاً به میز پذیرش در آدرس قید شده در زیر مراجعه نمایید تا ترتیب ترجمه تلفنی برایتان فراهم آورده شود:
 Farsi

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.
 Arabic

London Borough of Richmond upon Thames,
 Civic Centre, 44 York Street,
 Twickenham TW1 3BZ

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।
 Punjabi