Merchant Taylors' Swimming Lessons Application Form

Exclusive to pupils aged between 4-18 years who attend, or are soon to be enlisted at Merchant Taylors' Schools.

| Child's First Name: | Child' Surname(s): | | |
|---|--|-------------------------------------|--|
| Child's Date of Birth: | Child's Current School Year: | Child's Age: | |
| Home Address: | | | |
| | | ostcode: | |
| Contact Number: | | | |
| Email (BLOCK CAPITALS): | | | |
| Assessment date (OFFICE USE ONLY): _ | | | |
| Parents'/Guardians' Emergency Conta | ict Details | | |
| Contact 1: | Contact 2: | | |
| Relationship to child: | Relationship to child: | Relationship to child: | |
| Mobile: | Mobile: | | |
| | conditions, allergies, disability etc that may | • | |
| | out MTSSC? - Internet Search (MTS/IRSC we n: 🗌 Via School: 🗌 Other (please state): | | |
| Please check the box if you DO NOT conse | nt to your children being photographed for mark | eting and promotional purposes | |
| | of each month, Sep-July. Direct debit mand ports Centre prior to 20th of the previous m | | |
| | d) each year. By signing this form you accep I Conditions (available upon request) and co | | |
| administered by a suitably qualified m | nember of staff. | | |
| Signature: | Date: | | |
| Print Name: | | | |
| Plagsa raturn this form to Ian Pohinson Sports | Contra Marchant Taylors Pous' School 196 Liverpool P | and Crashy Livernaal 122,000 Emails | |

Please return this form to Ian Robinson Sports Centre, Merchant Taylors Boys' School, 186 Liverpool Road, Crosby, Liverpool, L23 0QP. Email: J.Coombes@merchanttaylors.com Telephone: 0151 949 9355 (evenings and weekends).

