

LE MOURIER SWIM SCHOOL
CHILD SUMMER 2012
 APPLICATION

Contact details (Please complete if new/changed)		CLOSING DATE: 23rd February 2012	
Childs full name: (required)		Date Of Birth:	
Address:		Medical Conditions:	
		Telephone number: (required) Mobile number:	
Post code:		School:	
E-Mail (required)			
I enclose a cheque or payment details overleaf for £..... (£96 for 11 weeks Child Swimming)			
Signed or initialed:.....		Date	
Please visit www.swimjersey.com for the terms and conditions.			
By signing this form you understand and agree to those terms and conditions. It is possible that the media/Le Mourier may film or take photos during the lessons although we will not allow private photography. By signing this form you are expressing your agreement to this.			
Re-Enrollment		Newcomer	
Current Venue:		Course Required:	
Current Day:		Possible days to attend:	
Current time:		Days not possible to attend:	
		Sleep/nap time:	
PLEASE NOTE YOUR LESSON TIME WILL REMAIN THE SAME UNLESS YOU ARE NOTIFIED, providing this form is returned to us on or before the closing date below, otherwise we cannot guarantee your space.		Swimming Ability : Does he/she need you in the water? YES/NO	How is he/she in the water ? CONFIDENT/NERVOUS
CHANGE REQUEST:		Can your child swim without armbands? YES/NO	Any lessons previously? If so please state where
Possible days to attend:		Does he/she have any knowledge of: Back Crawl/Front Crawl/Breaststroke/Butterfly	
Days not possible:		Preferred Venue:	
Sleep/nap time:		Please list all swim badges held:	
Please list all swimming badges held:		Comments:	

SUMMER TERM DATES

Tuesday 17th April to Monday 9th July 2012

Half term: Saturday 2nd to Friday 8th June (inclusive)

**Bank Holidays closed: 7th May (replacement 10th July)
9th May (replacement 11th July)**



www.swimjersey.com

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PLEASE COMPLETE/DETACH/RETURN

Please complete the form in full and in BLOCK CAPITALS and return to the office .E mail tasha@swimjersey.com OR Detach and return to the address below.

This form should be attached firmly to your application for the course or product you require. Your card will be debited for the full amount and credit cards will incur a 2.5% surcharge. Minimum payment by card is £10

NAME ON CARD:		VALID FROM	
CARD TYPE – CREDIT / DEBIT		VALID TO:	
CARD NUMBER			
ADDRESS		AMOUNT	£
POST CODE			
		SECURITY NUMBER	Call office if sending by e-mail tel 869058
CONTACT NO		SIGNED/INITIAL	
COURSE REQUIRED		DATE	

By signing/initialling this form, you are authorising Le Mourier Swim School to debit your card for payment of your Le Mourier Swim School course/product. You also agree that these details can be kept on our secure database to be held solely for Le Mourier Swim School which will not be given to any third party and that a 20% charge will be incurred should you default on your payment.

PLEASE NOTE – E-MAIL IS AN UNSECURED FORM OF COMMUNICATION. THEREFORE PLEASE DO NOT PUT YOUR SECURITY NUMBER ON THIS FORM AND CALL THE OFFICE TO COMPLETE PAYMENT

APPLICATIONS ARE NOT PROCESSED UNTIL PAYMENT HAS BEEN RECEIVED

MANY THANKS

MALCOLM

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