

Oxley Sports Centre

SHERBORNE GIRLS

Swim School Enrolment Form

First Child

Title _____ D.O.B. ____/____/____ Card Number _____
First Name _____ Surname _____
Email _____
Address _____

Postcode _____
Mobile _____ Tel Home _____
Emergency Contact:
Name _____ Number _____ Relationship _____
Pro Rata Paid _____ Date of First DD ____/____/____ Portal email sent _____ Portal activated _____
Child's teacher _____ Stage _____ Day & Time _____

Second Child

Title _____ D.O.B. ____/____/____ Card Number _____
First Name _____ Surname _____
Email _____
Address _____

Postcode _____
Mobile _____ Tel Home _____
Emergency Contact:
Name _____ Number _____ Relationship _____
Pro Rata Paid _____ Date of First DD ____/____/____ Portal email sent _____ Portal activated _____
Child's teacher _____ Stage _____ Day & Time _____

Medical Conditions

Please circle Yes or No

1. Does your child suffer/has suffered from heart problems, circulatory problems, blood pressure problems or joint/movement problems?
2. Recently undergone surgery?
3. Currently being prescribed medication?
4. Recently finished a course of medication?
5. Diagnosed with Type 1 or 2 Diabetes?
6. Suffers/has suffered with Asthma or breathing problems?
7. If you have answered yes to any of the above questions or there are any other reasons that may prevent your child from participating in regular exercise, please provide details

8. Do you give permission for us to administer first aid if needed?

9. Factors that may affect learning (Please tick if applicable)

Visual Impairment Learning disability Hearing impairment

Physical impairment Health/other

Please provide details if applicable

First Child

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Second Child

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Yes / No

Medical Declaration

I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in cancellation of my child(ren)'s lessons and subscription(s). I am aware that if I have answered yes to any of the questions I will need to consult my child(ren)'s GP before they commence the course. If my child(ren) is (are) affected by any of the questions mentioned in this form at a later date I agree to approach a member of staff and update the centre on any changes in their health or fitness. I am ultimately responsible for my child(ren)'s health and wellbeing therefore will only allow them to work within their capabilities following the advice of medical practitioners and Oxley Sports Centre Staff at all times.

Signature _____

Date _____/_____/_____

Instruction to your Bank or Building Society to pay by Direct Debit



Name of child (first)

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Originators Identification Number

6	9	2	2	1	6
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Reference number - Office use only

S	S								
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Instruction to your Bank or Building Society

Pay Sherborne Sports and Leisure Limited. Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Sherborne Sports and Leisure Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature (s)

Date

The Direct Debit Guarantee



This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. If there are any changes to the amount, date or frequency of your Direct Debit, Sherborne Sports and Leisure Limited will notify you 21 working days in advance of your account being debited or as otherwise agreed. If you request Sherborne Sports and Leisure Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by Sherborne Sports and Leisure Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund that you are not entitled to, you must pay it back when Sherborne Sports and Leisure Limited asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify Swim School Aquatics Manager at Oxley Sports Centre, Bradford Road, Sherborne, Dorset DT9 3DA.

Instruction to your Bank or Building Society to pay by Direct Debit



Name of child (second)

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Originators Identification Number

6	9	2	2	1	6
---	---	---	---	---	---

Reference number - Office use only

S	S								
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Instruction to your Bank or Building Society

Pay Sherborne Sports and Leisure Limited. Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Sherborne Sports and Leisure Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature (s)

Date

Data Protection Act

If you would like to opt in to our marketing mailing list so that we can share our current offers, news and information with you, please tick the box below. We will never pass your details on to third parties. You will be able to unsubscribe at any time. The information you have provided will be stored on a central database. It will be used by Sherborne Sports and Leisure Limited trading as Oxley Sports Centre who administer leisure services and activities.

Please indicate if you wish to receive such information by ticking the relevant box: YES NO

Please specify which ways we can contact you: Email Mail SMS Social Media Telephone

PRIVACY POLICY & FULL T&Cs available on the Oxley Sports Centre website

Signature

Date

Swim School Declaration

I have read and understood the provisions of this form. I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in cancellation of my child(ren)'s lessons and subscription. I have read and agree to the full terms and conditions and privacy policy as set out on the Oxley Sports Centre website and know I am able to request a paper copy from the centre. I understand and agree that the terms and conditions, privacy policy, prices and monthly subscriptions may be subject to change by Sherborne Sports and Leisure Ltd if and when required. Places will only be guaranteed when payment has been received. I understand and agree that my direct debit will be taken on the 1st working day of each month and I must give Sherborne Sports and Leisure Ltd one months notice in writing to cancel lessons. Cancellations received by the 14th of the month will cancel your child(ren)'s membership at month end and no further payment is required. Cancellations received from the 15th will incur one further payment and cancellation at the end of the following month. Payment can be made either by cheque (made payable to Sherborne Sports and Leisure Ltd) or by card either over the phone or in person. Refunds are only given in extenuating circumstances. All applications for refunds should be submitted to the Swim School Aquatic Manager and their decision will be final. The centre reserves the right to change or cancel lessons if there are insufficient participants to make it financially viable. The centre reserves the right to alter the times and dates of the courses if deemed necessary. The centre reserves the right to alter the day, teacher and/or time of any given lesson should the need arise. If swimming lessons are cancelled by the centre the Swim School Aquatics Manager will ensure that the child receives a lesson on a different day as and when possible. I understand that the swimming teacher will not supervise my child until the start of the lesson (marked on the register) and I am responsible for them within the centre and changing rooms until this point. Once my child has left the water after their lesson the teacher is no longer responsible for them and they return to my care. I understand that if my child is under 8yrs of age I must remain in the centre during the lesson. The Swim School staff will enforce measures to minimise the risk of accidents however any activity in the water has inherent dangers and not all circumstances can be foreseen. In this knowledge I hereby give permission for my child to receive swimming lessons at Oxley Sports Centre.

Signature

Date

Signed on behalf of Oxley Sports Centre

Printed name

Date

Bradford Road, Sherborne, Dorset DT9 3DA

T. 01935 818270

www.oxleysc.com