

Swim With Sarah Enrolment Form



Name of Swimmer: _____
Parent/Guardian name: _____
Child's date of birth: _____
Mobile number: _____
Home tel. number: _____
Email address: _____
Address: _____

Post Code: _____

Please make a note of any medical conditions which may affect your swimming.

I have read and agree to the terms and conditions.

Signature: _____

- Missed lessons are charged at normal rate. Advance Course fees are non-refundable
- Please bring your own goggles. (Purchased from 'Escape', Mostyn Street, Llandudno, 10% off when mentioning Swim With Sarah)

Many thanks,

Sarah Kentish. FISTC Licensed. ASA Teacher CRB