



SEAL SWIMMING CLUB

Top School Of Swim Teaching

Established 1972



www.sealswimming.net

RENEWAL FORM

Lifesaving

| | | | |
|-----------------------|--|---------------|--|
| Parents' Name: | | | |
| Address | | | |
| Landline: | | Mobile | |
| Email | | | |

| Children's Name | Last Exam Passed | DOB |
|-----------------|------------------|-----|
| | | |
| | | |
| | | |

Fees:

| Membership | | Total | Payment Type |
|---|---|-------|--|
| 1. | €100 –per course (Saturday 8-11 U.L. Arena) | | Cash <input type="checkbox"/> Cheque <input type="checkbox"/> |
| * Membership must be paid as soon as possible please | | | |

Lifesaving: UL (Sat) 8-11a.m.

NOTE: All cheques should be made payable to **Seal Swimming Club**

Post to: Seal Swimming Club, c/o Tracey Lyttle, "Monchique", Lower Coonagh, Limerick

For further information

Phone: - 087-3133235 or email:- sealswimming@gmail.com

Contact Name and No. in Case of Emergency

| | | | |
|--------------|--|-----------------|--|
| Name: | | Tel: No. | |
| Name: | | Tel: No. | |

MEDICAL INFORMATION:

Medical conditions/allergies, etc. (e.g. ADHD, Asperger's, Autism, Down Syndrome, Asthma, medication, etc) – **PLEASE ALSO INFORM DECK MANAGER**

In the event of an emergency, I give the club permission to call an ambulance if it deems it necessary.

Signed.....parent/guardian/carer