



PATHWAYS 1 ASSESSMENT BOOKING FORM

PLEASE COMPLETE THIS FORM FULLY

ASSESSMENT DATE

SWIMMER SURNAME

FIRST NAME

DATE OF BIRTH / /

MALE / FEMALE * DELETE AS APPROPRIATE DATE OF ASSESSMENT:.....

ADDRESS

TELEPHONE NUMBERS

EMAIL ADDRESS FOR CONFIRMATION OF ASSESSMENT

IF YOUR CHILD HAS ANY SPECIAL NEEDS, MEDICAL CONDITION OR ALLERGY WHICH YOU FEEL WE SHOULD KNOW ABOUT, PLEASE GIVE DETAILS BELOW. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL AND WILL ONLY BE USED FOR THE SAFE OPERATION OF SWIMMING LESSONS.

CURRENT LEARN TO SWIM SCHEME SWIMMER IS PART OF

NAME OF PERSON REFERRING SWIMMER

ANY QUERIES WITH THIS FORM OR PATHWAYS IN GENERAL PLEASE CONTACT JO DEAKINS ON joanne.deakins@coventry-swimming.org.uk OR PHONE 07815 835526