

Application Form for Free Swimming

16 years and under



Please tick

First name		Surname	
Address			
Postcode			
Tel no (home)		Mobile no	
email address		Start date	
Date of birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
School/College			
Parent/guardian	First name		Surname

Do you currently swim at: Ashbourne Leisure Centre Yes No Bakewell Pool Yes No
 Matlock Lido Yes No Wirksworth Leisure Centre Yes No

If yes, how many times a week do you swim? _____

Do you attend Learn to Swim lessons? Yes No

Do you take part in any other exercise, physical activity or sport? Yes No

If yes, please tell us what _____

What is your ethnic origin?

Asian		Black		Chinese or other ethnic group		Dual heritage		White	
Asian British	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White and black Caribbean	<input type="checkbox"/>	British	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other ethnic group, please state	<input type="checkbox"/>	White and black African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>		<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>				<input type="checkbox"/>	Other dual heritage	<input type="checkbox"/>		
Other Asian	<input type="checkbox"/>								

Do you consider yourself to be a disabled person? Yes No

How did you hear about the Free Swimming scheme? Please tick all that apply.

<input type="checkbox"/>	Poster display, where?	<input type="checkbox"/>	Local radio
<input type="checkbox"/>	Advert, where?	<input type="checkbox"/>	Newspaper article
<input type="checkbox"/>	Leaflet, from where?	<input type="checkbox"/>	Family or friend told me
<input type="checkbox"/>	Website, which one?	<input type="checkbox"/>	b-active bus
<input type="checkbox"/>	Other, please tell us how?	<input type="checkbox"/>	From school

If you would like to receive information about other Sport and Leisure activities, please tick here

Signature _____ Date _____

For office use only: Ashbourne Leisure Centre Bakewell Pool Matlock Lido Wirksworth Leisure Centre

Proof of age shown _____ Membership number _____

Card and information pack issued Staff initials _____