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| **Name:**  |
| **Address:** |
| **Email:** |
| **Contact numbers:****Home:****Mobile:**  |
| **Name of emergency contact:****Contact number:** |
| **Please provide details of any medical condition(s). Including any allergies, mobility issues?** |
| **Signature:****Date: / /**  |

*Should your health change, please inform your teacher and seek medical advice before continuing with your lessons.*

**Payment Information**

**Preferred method (circle):** *BACS / Cheque / Cash*

1. **BACS:** *please email me* ***rebeccapwsg@yahoo.com*** *for details and let me know when this has been done.*
2. **Cheque payments:** *please make cheques payable to Rebecca Constable with your name on the reverse of the cheque.*
3. **Cash:** *Please have this in a sealed named envelope.*

**If paying by methods 2 & 3 please return to;**

**75 Ladies Mile Road**

**Patcham**

**Brighton, BN1 8TB**

You can choose to either make a full payment or three payments over the term using any of the above methods. **Please email me to discuss agreed payment date if making part payments.**

**Terms and Conditions**

1. *Fees are payable on confirmation of booking and before lessons start.*
2. *If PWSG is not in receipt of your full or part paid agreed payment four weeks before the start of the swim school term, your place cannot be guaranteed.*
3. *Missed/late payment – please contact PWSG as soon as possible. I can then confirm if your place is still available.*
4. *Should you not be able to attend due to illness or holiday, no refund will be given.*
5. *Sessions are not transferable.*
6. *If PWSG should have to close due to unforeseen circumstances, a replacement session(s) will be organised as soon as possible. Should you not be able to attend the given date, no further replacement session will be available.*
7. *In the event of PWSG cancelling a session(s) I will make every effort to communicate this by text, social media or email. Please kindly therefore provide* ***valid contact details****.*

I agree to abide by the Terms and Conditions:

SIGNED: DATE: / /

PRINT FULL NAME: