

Rhyl Leisure Centre Swimming Lesson Application Form

Applicant name _____
Parent / Guardian's name _____
Address _____

Post Code _____ Day time Tel No _____
Date of Birth _____ Evening Tel No _____
Age on first lesson _____ Last award achieved _____

Medical / Disability Details

Please indicate all medical conditions and disabilities. _____

Lesson Requirements

Any one who is deemed to be in the incorrect class for their ability will only be offered a suitable alternative if one is available.

Class Required _____

Please see lesson programme for details of lesson times.

Day Required _____ Time Required _____

Payment Details Cash
 Cheque (payable to Denbighshire County Council)
 Credit / Debit Card

Receipt Number _____

Signature _____ Date _____

The information you provide is required for the purpose of customer relationship management and any function which will improve service provision to you. Denbighshire County Council may share this information between its internal departments, with other Government bodies and with other organisations delivering services on behalf of the Council. If you agree with this, please indicate by ticking this box.

Rhyl Leisure Centre
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