

# Swimming Lessons For People with Disabilities

**Monday 29 July to Friday 2 August 2013**

Activity Sheffield in partnership with the Disability Swimming Forum have organised one-to-one and small group swimming lessons for people with disabilities.

Venue: Chapeltown Baths, Burncross Road Sheffield, S35 1RX  
Cost: One to One £5 per lesson  
One to Two £2.50 per lesson  
One to Four £1.50 per lesson  
(Cheques made payable to **Disability Swimming Forum**)

The holiday crash course will:

1. Raise the standard of your swimming ability
2. Raise the awareness of water safety
3. Encourage a healthier lifestyle

Policy & Procedure

- The enrolment form on this leaflet must be fully completed by a parent/guardian and returned with payment to the Sheffield City Council Swimming Office by Thursday 25 July 2013
- Confirmation will be sent out to all applicants, along with further information
- Limited places are available and will be allocated on a **first-come-first serve basis**

**All forms must be returned to:**  
**Rachel Jones**  
**Community Activity Team Leader**  
**Sheffield City Council Swimming Office**  
**C/o Ponds Forge ISC**  
**Sheaf Street**  
**Sheffield**  
**S1 2BP**

**Telephone: (0114) 2728578**  
**Email: [rachel.jones@sheffield.gov.uk](mailto:rachel.jones@sheffield.gov.uk)**



**Participant Registration Form**

**Swimming lessons for people with disabilities**

To ensure that we have the correct details about you, please complete all the sections in this form and return to: **Rachel Jones, Community Activity Team Leader, Sheffield City Council Swimming Office, Ponds Forge ISC, Sheaf Street, Sheffield, S1 2BP.**

If you are under 16 please also ask a parent or guardian to check and sign the form before you return it. **Please note that this form must be completed in full before you will be admitted to the programme.**

**Personal Details**

Name: ..... Home Telephone Number: .....

Address: ..... Email Address .....

..... Are you:  
..... Male?  
..... What is your age?  
..... 5-10  11-19  20 +

Postcode: .....

**Medical Information**

Please provide details of any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes etc).

.....  
.....  
.....

**Do you have any long-term illness, health problem or disability, which limits your daily activities?**

Yes  No

**If yes, please explain**

.....  
.....  
.....  
.....



**Emergency Contact Details** (to be completed by a parent/guardian)

Please give details of the person(s) who should be contacted in case of an incident/accident.

**Contact Name:** (e.g. Parent/guardian).....

**Relationship to you:** (e.g. Mother).....

**Emergency Contact Number:** .....

I understand that in the event of an injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately. I understand that by returning this completed form I agree to my son/daughter/child in my care taking part in the scheme.

**Name of parent/guardian:** .....

**Signature of parent/guardian:** .....

Please tick the lesson(s) you would like to attend.

Date	Time	Lesson Type (please indicate whether you would like a 1:1, 1:2 or 1:4 lesson)	Please tick
Monday 29 July	3.30pm – 4.00pm		
	4.00pm – 4.30pm		
	4.30pm – 5.00pm		
	5.00pm – 5.30pm		
Tuesday 30 July	3.30pm – 4.00pm		
	4.00pm – 4.30pm		
	4.30pm – 5.00pm		
	5.00pm – 5.30pm		
Wednesday 31 July	3.30pm – 4.00pm		
	4.00pm – 4.30pm		
	4.30pm – 5.00pm		
	5.00pm – 5.30pm		
Thursday 1 August	3.30pm – 4.00pm		
	4.00pm – 4.30pm		
	4.30pm – 5.00pm		
	5.00pm – 5.30pm		
Friday 2 August	3.30pm – 4.00pm		
	4.00pm – 4.30pm		
	4.30pm – 5.00pm		
	5.00pm – 5.30pm		

Information supplied to Activity Sheffield will be used in accordance with the Data Protection Act 1998 and other applicable legislation. Activity Sheffield will not share this information with third parties but may use the information to inform you of activities taking place within your community.

Please mark with a cross if you do not wish to receive information about future physical activity related services in your area.

Thank you for completing this form.

