



The Dolphin Swimming School



Winners of the Best Independent Swim School in Great Britain 50 Tollgate Road, Colney Heath, St. Albans, Herts. AL4 0PY www.dolphinswimschool.co.uk Tel: 01727 824683 • Mob: 07966 134872 • Email: info@dolphinswimschool.co.uk



SPRING TERM: JAN - APRIL 2019

HELD AT ST ALBANS HIGH SCHOOL FOR GIRLS, TOWNSEND AVENUE, ST ALBANS, AL1 3SJ.

NB: Please drive slowly in the school grounds.

As we are so oversubscribed, bookings are made on a first come, first serve basis.

Please note we do not confirm bookings, unless you are not allocated your first choice.

WE ARE UNABLE TO TAKE BOOKINGS ON THE DAY, PLEASE DO NOT TURN UP UNLESS YOU HAVE ENROLLED AND PAID FOR THE TERM IN ADVANCE

GROUP LESSONS WILL BE HELD ON:

Saturday: 10.45, 11.15, 11.45, 12.15, 12.45, 1.15 (Lane Swimming and Personal Survival)

Term Starts: Saturday 12th Jan 2019 Half Term: Saturday 23rd Feb 2019 Term Ends: Saturday 6th April 2019

The cost of the 12 week term will be £120.

Payment to be made via transfer to Mrs M Davies, 12221378, 16-20-38, please put your CHILD'S NAME and SAHS as the reference. Please also mark on the booking form the date the electronic transfer was sent. Or send a cheque for £120 made payable to M.Davies at the address at the top of the form.

Please note we are unable to accept any booking without the booking form sent in the post. Please refer to our full booking terms and conditions - www.dolphinswimschool.co.uk

Terms & Conditions

- All lessons must be paid for in advance
- 2. A child's place is booked and committed for the whole term; cancellation during the term will receive no refunds and cannot be made up or transferred. The charges set out
- are for a specified time and day, there will be no refunds given for cancellation, or absence whatever the reason. Any additional lessons will be charged at the normal rate. Any information given to Dolphin Swimming School, for example a child's swimming ability or medical details will be assumed to be true and accurate, should this not be the 3. case we will not be liable. It is the parent/carers responsibility to notify us of any illnesses, injuries or medical conditions likely to impede a child's safety or ability to
- . Every child is assessed at the end of each term and A.S.A Badges and Certificates can be purchased at that time
- We reserve the right to change times and locations for reasons beyond our control.
- It is the parent/carers responsibility for the cost of getting to and from the pool.

 We will provide swimming aids and equipment; a qualified A.S.A swimming teacher will be present for each group. During group lessons a minimum of one member of staff will be qualified as a lifeguard. Each lesson will be a maximum of 30 minute
- It is the parent/ carers' responsibility to maintain their children's safety prior to and after their lesson and to maintain the safety of other children in their care. Please keep
- children that are not attending classes away from poolside.

 Parents are requested not to use video or any type of camera/mobile phone in the changing rooms or poolside to comply with child protection
- 10 We will always try and ensure your child will have the same teacher for the term; however this is not always possible due to holidays and sickness. We run a continuous
- training program were we work with assistant teachers who act as floaters during the sessions and support the main teacher.
- We do NOT confirm bookings.





Child's Name:	Surname:	Date of Birth:	
		Mobile:	
Postcode:			
Has your child attended Dolphir	n lessons before? No	If yes last course attended, date and time:	
First choice: Day: T	īme: Seco	ond choice: Day: Time: Time:	
What class would you like to en	rol your child/children for	r this term? Please refer to the St Albans High Sch	nool
page on our website for our cla	ss descriptions, which wil	III help you book the most appropriate class for yo	ur
child/children	·		
☐ *NEW* Pre-School Dolphins	;		
☐ *NEW* Little Dolphins		☐ Stage 3	
☐ Stage 1		☐ Stage 4	
☐ Stage 2		Stage 5 -12 (Lanes)	
Please list badges & certificates	gained to date:		
Please give details of any medic	cal conditions, allergies or	r special needs:	
☐ I give my consent for First A	id treatment to be given t	to my child by qualified staff, or for my child to be)
taken to hospital in an emer			
☐ Payment via Electronic trans			
□ I accept the terms & condition	ons above:	☐ Cheque	
Parent/Guardian(s) Signature:			
Payment to be made via transfer to Mrs M	Davies, 12221378, 16-20-38, pleas	se put your CHILD'S NAME and SAHS as the reference. Please also	mark

PLEASE FILL IN ALL PARTS OF THE FORM AS WE CANNOT RUN AN EFFICIENT SWIM SCHOOL WITHOUT ALL THE RELEVANT INFORMATION

on the booking form the date the electronic transfer was sent. Or send a cheque for £120 made payable to M.Davies at the address at the top of the