

# Free Swimming

for 16 and under and 60 and over



## Application Form

### Personal details

Mr Mrs Miss Master (please delete as appropriate) Name

Address

Postcode

Date of birth  /  /

Telephone  home  other

Email

Name of School (if applicant is under 16)

Parent/Guardian signature

### About yourself

We would be grateful if you could complete the following.  
This information is used for Equal Opportunities Monitoring and will help us plan our services.  
This information will be kept secure and confidential.

Do you have a disability? Yes  No

If yes, please tick the box below that applies to you:

1. Visual impairment  2. Hearing impairment  3. Physical impairment   
4. Learning disability  5. Multiple impairment  6. Health/other impairment  7. Other

Which of the following describes your ethnic origin? Please tick one box only.

**Category A** White

White, Irish, British or any other white background

**Category B** Mixed

White & black caribbean, white & black african, white & asian or other mixed background

**Category C** Asian/asian british

Indian, pakistani, bangladeshi or any other asian background

**Category D** Black or black british

Caribbean, african or any other black background

**Category E** Chinese or other ethnic minority

Chinese or other

Please sign below to confirm you have read the terms and conditions printed overleaf.

Signature

If you already possess a swipe card that you currently use at the leisure centre please enter the 5 digit number.  
This will enable us to update your current card to allow you to swim free of charge.

Current swipe card number

### Office use only

Proof of age and address..... Card number .....

Signature ..... Date.....