

Medical Form

Next of Kin: _____

Contact Numbers:

Home: _____

Work: _____

Mobile: _____

Name and telephone number of family GP:

Illnesses/ Injuries:

Does your child have any ongoing illness or injuries?
Eg Asthma, Eczema, Epilepsy, Faints, Heart Conditions,
Joint problems, or Allergies - Please give details

Medication

Please list any inhalers , antibiotics or regular medication

In my opinion my child is fit and able to take part in the swim school activities. I understand in an emergency every effort will be made to contact me, however, I authorise the Head Coach to act in loco-parentis should this be necessary.

Signed: _____

Relationship to child: _____

Technique & Games Swim School 18th - 22nd December 2010

Non-residential
8.45am to 5.00pm



For children
aged 9 to 13

Everything the young swimmer needs for future improvement



www.kellyswimmingpool.com

Telephone **01822 616235**

Course Programme

The aim of this course is to provide an opportunity for young swimmers to participate in tried and tested training methods and techniques with an emphasis on having fun. It is for keen swimmers who are interested in improving their technique, fitness, co-ordination and agility.

The course is led by Archie Brew, International Swim Coach and coaches from the Kelly Swimming Team.

Each morning and afternoon will be focused on swim techniques. Throughout the day there will be fitness work and various activities including games and swimming videos.

What to bring

- Packed lunch, drinks and snacks
- Swimming costume
- Swimming goggles
- Towel
- Shorts and t shirt

What to wear

Swimmers should wear comfortable clothing and trainers.

Course cost £125.00 8.45am - 5.00pm

(The course excludes lunch and drinks and is non-residential)

To register:

Please complete the booking form /medical details opposite and return with a cheque payable to Kelly Enterprises Ltd.

Arrival and Departure details

The course is run at Kelly College and swimmers must arrive by 8.45am dropping off at the swimming pool for daily registration.

Swimmers should be collected at 5pm from Kelly College Swimming Pool and a register will need to be signed for pupil collection.

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First Name: _____

Surname: _____

Age: _____ Emergency No: _____

Address: _____

_____ Postcode: _____

Email: _____

Please tick:

- I enclose a cheque for £125 payable to Kelly Enterprises Ltd
- I have completed the medical form overleaf

Please return to: Kelly Enterprises
Kelly College
Tavistock
Devon PL19 OHY

All children must be able to swim

If any child does not behave appropriately, is disruptive,
or is not willing to obey the swim school rules,
they will be asked to leave.