



■ ■ ■ Culture in Warwick District



Free Swimming Get Active Application Form

Surname: First Names:

Title: Mr/Mrs/Miss/Ms Sex: M / F

Date of Birth:

Address:
.....
..... Postcode:

Telephone:(evening) (daytime)(mobile)

Email:

- Ethnic Origin: (please tick)
- E1 Black or Black British
 - E2 Asian or Asian British
 - E3 White UK/Irish/European
 - E4 Chinese
 - E5 Mixed/Dual background
 - E6 Other

Do you have a disability ? **Y / N**

- If yes please indicate category
- D1 Visual Impairment
 - D2 Hearing Impairment
 - D3 Physical Impairment
 - D4 Learning Disability
 - D5 Multiple Impairment
 - D6 Health or other Impairment
 - D7 Any other medical condition (please give details below)

The information you have provided on this form can be used to inform you of other leisure services available to you. The data will not be used for any other purposes or passed to any third parties. If you do not wish your data to be used for this purpose then please tick the box

Please tick box to give permission to use photograph on issue card

Please state if the child has any medical conditions we should be aware of:

.....
.....

Parent Details:

Surname: First Names:

Title: Mr/Mrs/Miss/Ms Sex: **M / F**

Date of Birth:

Address:

.....

..... Postcode:

Telephone:(evening) (daytime)(mobile)

Email:

Office Use Only:

Leisure Card Number: Membership No:

Date on Flex: Check/entered by:

Date card issued: Card issued by: