

60 YEARS & OVER / 16 YEARS & UNDER

FREE SWIMMING

APPLICATION FORM

ABOUT YOU

16YEARS AND UNDER: 60YEARS AND OVER:

TITLE: MR MRS MS MISS MASTER

APPLICANTS NAME:

ADDRESS:

POST CODE:

DATE OF BIRTH:

TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN

WHITE MIXED ASIAN OR ASIAN BRITISH BLACK OR BLACK BRITISH
CHINESE OR OTHER ETHNIC GROUP

HOW DID YOU HEAR ABOUT THE FREE SWIM CAMPAIGN?

LEISURE CENTRE SCHOOL NEWSPAPER INTERNET
RADIO TV WORD OF MOUTH

Working to make Warrington healthier



Warrington
Borough Council

PARENT OR GUARDIAN TO COMPLETE FORM FOR 16YEARS AND UNDER

I HEREBY CONSENT FOR MY SON / DAUGHTER OR CARED FOR CHILD TO BE ISSUED WITH A 'FREE SWIMMING' MEMBERSHIP CARD.

YES

NO

I CONSENT TO MY SON OR DAUGHTER HAVING A PHOTOGRAPH TAKEN TO ENSURE NO MISUSE OF THEIR MEMBERSHIP CARD. THIS PHOTO WILL BE DISPLAYED ON THE TILL SCREEN AT THE CENTRE WHEN ACCESSING A FREE SESSION

YES

NO

I CONSENT TO ALLOWING SELECT LEISURE TO USE THE INFORMATION ON MY CHILD'S MEMBERSHIP CARD TO PROMOTE FURTHER DISCOUNTED ACTIVITIES IN THE FUTURE

YES

NO

SIGNATURE:

PARENT / GUARDIAN

DATE:

I CONSENT TO ALLOWING SELECT LEISURE TO USE THE INFORMATION ON MY MEMBERSHIP CARD TO PROMOTE FURTHER DISCOUNTED ACTIVITIES IN THE FUTURE

SIGNATURE:

DATE:

FOR OFFICE USE ONLY

CARD NUMBER:

ISSUED BY:

DATE OF ISSUE:

WHAT PROOF OF ELIGIBILITY:

DATE ENTERED ON TLMS:

Replacement cards issued after the 1st July 2009 will be subject to a £3.00 charge

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