**** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid:

Autumn Classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sig:

Spring Classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sig:

**REGISTRATION FORM**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_**

 **Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Swim/ Water Safety Level Attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Medical issues we need to be aware of:-**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My child wishes to take part in Irish Water Safety classes and is happy to obey the rules of the Pool and the organisation:**

**The above named child will become a young member of IWS.**

**I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**