

# 16's and under Application Form for Free Swimming

All sections of the form must be completed

## Personal Information:

First name

Surname

DOB

School

## Current Activity Levels: (please tick relevant boxes)

### • How often do you currently swim in an average month?

Not at all       1 to 2 times       3 to 5 times       5 or more times

### • Do you currently swim at this centre?      Yes      No

### • How many hours in the past week did you spend doing physical activity outside of school time? This may include sport, walking, cycling, swimming, or active playing

0       1       2       3       4       5       6       7

## Further Information:

We need to ensure that all children and young people living in the city are able to benefit from the Free Swimming Scheme. To help us to monitor this please complete the following questions:

### • Gender:      Female      Male      Other      Not sure      Prefer not to say

Do you identify as the same sex as you were assigned at birth:       Yes       No       Prefer not to say

### • Do you have any longstanding disabilities which affect or limit your activities?

Yes       No       Prefer not to say

Learning Difficulties       Yes       No

Mental Health Issues       Yes       No

Mobility Issues       Yes       No

Sensory Issues       Yes       No

Other       Yes       No

Please give brief details:

### • Please identify your ethnicity

**White:**       English/Welsh/Scottish/Northern Irish/British       Irish       Gypsy/Irish Traveller       Other White

**Asian or Asian British:**       Bangladeshi       Indian       Pakistani       Chinese       Other Asian

**Black or Black British:**       African       Caribbean       Other Black

**Mixed:**       Asian & White       Black African & White       Black Caribbean & White

Any other mixed background      Any other please give details:

**Other:**       Arab       Any other ethnic group

**Prefer not to say:**

## Information about Parent/Guardian (Please bring proof of address eg Utility bill)

Title	Full Name
Address	
Postcode	Mobile/Landline
Email	

### Please tell us how you heard about this scheme

<input type="checkbox"/> Health Professional	<input type="checkbox"/> Website	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> School
<input type="checkbox"/> Publicity Material/brochure	<input type="checkbox"/> Leisure Centre	<input type="checkbox"/> Social Media	<input type="checkbox"/> Other

### Parental Waiver and Consent

As the parent or legal guardian of the child named over, I hereby give my full consent and approval for my child to be registered for, and participate fully in, the Brighton & Hove Free Swimming Programme. If I cannot bring my child to register in person, I consent for a staff member or volunteer from one of the Council Authorised organisations to verify my child's age and register my child on my behalf. I understand that there are certain risks of injury inherent in the practice and play of swimming, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of swimming and has no illnesses, limitations, or disabilities that would restrict or limit swimming. I can confirm that I authorise Freedom Leisure to take a photo of my child for use on their free swimming card.

### Data Protection

For the purposes of the Data Protection Act 1998, Freedom Leisure is Data Controller of the information you have provided on this form. References to 'we', 'us' and 'our' are to Freedom Leisure. The centres/facilities are managed by Freedom Leisure on behalf of Brighton and Hove City Council (BHCC) and may therefore process your data for the purposes of managing the facilities. By signing this form, you agree to Freedom Leisure processing your data for these purposes. This initiative is supported by BHCC. In order for BHCC to monitor usage of this initiative and eligibility of the users of this initiative, we may need to disclose the information you have provided on this form to BHCC. By signing this form, you agree to us disclosing such information to BHCC.

- Please sign below to confirm that you have read and agree to the above statements including the data protection statement, and the terms and conditions below:

Signed (Parent/Guardian):

\_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Terms & Conditions

1. You must bring your Free Swimming Membership Card with you each time you visit.
2. If you forget your card then we reserve the right to charge the relevant centre swim rate.
3. Lost or damaged Free Swimming Membership card will be subject to a replacement charge. Details of this charge are available from each centre.
4. It is your responsibility to make the Manager of the Centre aware of anything that may affect your participation in the free swimming programme.
5. We may refuse you access to our centre if we consider the use of such facilities could put your health at risk.
6. You will be subject to the Free Swimming Agreement and rules bylaws and regulations of the Centre which are in force at the time.
7. Children under 8 years old MUST be supervised by a parent or adult (18 years or over) throughout their use of the pool facilities up to a maximum of two under 8's per adult. For all other conditions please refer to the Centre's own terms and conditions.
8. We may expel you from a Centre and/or end your status as a Free Swimming Member without notice if at any time:
  - 8.1 You break the conditions of your Free Swimming Agreement.
  - 8.2 You do not comply with the rules and regulations of the centre.
  - 8.3 You allow another person to use your Free Swimming card.
  - 8.4 Your conduct, whether or not such conduct is the subject of complaint by another user.
9. The facilities available to you depend on the centre. Full details can be obtained from each centre. Services and facilities not included may be used by you at an additional charge at our discretion.
10. Details of availability of Free Swimming sessions can be obtained from the participating centres.
11. We may change these terms & conditions at any time.

### Office Use Only

Proof of age shown or form received by authorised third party organisation

Yes  No

May 2016

3rd Party Organisation Name:

3rd Party Staff Name:

3rd Party Signature:

Date:

Staff initials:

Date registered:

Membership No:

Proof of age shown (specify type of ID):

Staff initials: