

# Lochbroom Leisure

## Application for Swimming Lessons

Date \_\_\_\_\_

Parent/Carer

Title\_\_\_\_\_ First name \_\_\_\_\_

Surname \_\_\_\_\_

Childs first name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Telephone:

(Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

(Mobile) \_\_\_\_\_ (Email) \_\_\_\_\_

**In the interests of safety do you have any medical conditions i.e.  
Asthma, Epilepsy, Hyperactivity, Diabetes  
or other not listed. If so please state below**

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In order to place your child in the correct class, we will do a simple swim  
assessment

If you have any further questions please contact us on 01854 612884  
or email [lochbroom.leisurecentre@highland.gov.uk](mailto:lochbroom.leisurecentre@highland.gov.uk)