

HIGHLIFE HIGHLAND SWIMMING LESSON APPLICATION



Membership Number (If known)			
Participants Name			
Your address			
Postcode		School attending:	
Phone Number:	Home:	Mobile:	
Email Address:			
Date of Birth:		Age:	
Estimated ability:			
Details of any previous lessons:			
Name of sibling/s already attending lessons:			
<p>MEDICAL CONDITIONS/ADDITIONAL NEEDS Do you/participant have any medical conditions or additional needs we should be aware of please give details below.</p> <hr/>			
<p>YOUR CONSENT I have read the booking conditions (overleaf) and agree to abide by them.</p> <p>Signature _____ Print Name _____</p>			

Official Use only

Date received /...../..... Initials _____



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DISABILITY

The Disability Discrimination Act (DDA) describes a person as having a disability if he/she has a physical or mental impairment, which has a substantial long term effect (lasting 12 months or more or is recurring) and has an adverse effect on their ability to carry out normal day to day activities.

Do you consider the participant to have a disability? Yes * No

*If yes, please give details _____

PHOTOGRAPHS

High Life Highland would like to take photographs and or video images of you / your child. The images recorded may be distributed to local or national media as part of a press release, used in our marketing activities (e.g. publications, leaflets, promotional videos) published on our website at www.highlifehighland.com or used on our social media channels.

I give my permission for my image / my child's image to be used by High Life Highland in the following media for the purpose detailed below.

- Yes No Accompanying Press Release
- Yes No In High Life Highland publications (e.g. reports, leaflets, exhibitions)
- Yes No On the High Life Highland website / social media channels

General Data Regulations

High Life Highland has an obligation to protect your personal data.

To view our High Life Highland Activity Bookings Privacy Notice, please visit www.highlifehighland.com/gdpr/privacynotices or to request a copy email DPO@highlifehighland.com or processed as described

Signature:

Date:

