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SWIMVISION
WAITING LIST CARD

Name

Address

Postcode

www.vision-rcl.org.uk

Terms & Conditions

Please read and sign. If you require a copy of these Terms & Conditions please ask for a copy at Reception.

• No parents/spectators are permitted onto poolside. Please spectate from the viewing gallery. Parents for ducklings' classes will only be permitted onto poolside at the Teacher's discretion.

• All pupils will be required to wear the appropriate coloured Swim Vision hat, provided by the Teacher on their first lesson. Failure to do so may result in the pupil being refused entry. If your current hat splits you must hand it in to your Teacher who will then replace it. Replacements will NOT be made for lost hats; a new one can be purchased at reception.

• Lessons are 25 minutes water time unless stated. Please remain at the centre for the duration of your child's lesson.

• Pupils more than 5 minutes late for their lesson may be refused entry, a decision will be made at the discretion of the Swimming Teacher in attendance at the time of the lesson. Swimming before or after your lesson is not permitted.

• **Appropriate swimwear must be worn for each lesson, failure to do so may result in your child being refused entry to the lesson.**

Boys Swimwear:
Swimming shorts/trunks that are specifically made of light material, normally, polyester, no pockets please.

Long (below the knee), and particularly, cotton, shorts with pockets are unsuitable, they retain water, become heavy and, especially for new swimmers, compromise their ability to swim and their safety in the water. NO WETSUITS PERMITTED.

Girls Swimwear:
One piece swimsuits for girls. Suits such as "Burkinis"covering arms/legs are permitted providing they are purpose made and of swimsuit material. NO LEOTARDS OR WETSUITS PERMITTED.

• Jewellery, accessories and any other embellishments of any type worn on the body are not permitted to be worn for the safety of all children. These must be removed prior to the start of the lesson. In the instance of a religious bangle which cannot be removed, it must be either covered with a sweat band or covered over with waterproof surgical tape to ensure that it cannot move up and down the wrist and does not pose a risk to the swimmer or fellow swimmers.

• Please do not leave any clothes/possessions in the changing cubicles. Use the lockers provided.

• From time to time we will be running Swimming Teachers courses. Any classes taught under these conditions will be under the close supervision of the course tutor and Swim Vision Teacher

• Due to occasional galas, lessons will be cancelled. Subscriptions will not be deducted in respect of these classes from those on 10 session plans.

• One to One lessons- When demand is high, you will only be permitted to take 10 lessons prior to moving on to group lessons. One to One lessons do not take place in any exclusive part of the pool.

• No refunds will be given under any circumstances.

• 10-week subscriptions are for 10 consecutive lessons, no refunds or credits will be made for missed lessons.

• Direct Debit lessons are subject to one months notice before cancellation. Cancellation must by made in writing to **svfullwell@vision-rcl.org.uk**

• In the case of absence due to medical circumstances, proof will be required and each case will be judged individually. A decision will then be made as to whether a credit will be applied in respect of the missed lessons.
Please contact the Swim Vision Co-ordinator in these circumstances on **svfullwell@vision-rcl.org.uk**

• You can register at **http://bookings.vision-rcl.org.uk/homeportal** and monitor your child's progress online.

✔ I have read, understood and agree to the Terms and Conditions above:-

Signed _____

Date _____ /_____ /_____

SWIMVISION WAITING LIST CARD

Fullwell Cross Leisure Centre & Ilford County High School Swimming Pool
Call: **020 8550 2366** ext. **107** | Email: **svfullwell@vision-rcl.org.uk**

For Office Use Only

PLEASE ENSURE YOU PROVIDE ALL THE INFORMATION REQUESTED, INCOMPLETE CARDS WILL NOT BE ADDED TO THE WAITING LIST.

Applicants Forename | Surname

Parent/Guardian Name (If applicant is under 18)

SwimVision Stage (Please refer to SwimVision class day and time list available from Reception) | Application Date

Adult/Junior | Age (Juniors) | Birth Date

Landline No. | Mobile No.

Email | Male or Female

PLEASE TICK THE PREFERRED SWIMMING POOL AT WHICH YOU WOULD LIKE TO LEARN: (NOT ALL STAGES TAKE PLACE AT ILFORD COUNTY HIGH SCHOOL – PLEASE REFER TO THE 'SWIM VISION LESSON & TEACHER LISTS' FOR DETAILS)

FULLWELL CROSS LEISURE CENTRE ☐ ILFORD COUNTY HIGH SCHOOL ☐ NO PREFERENCE ☐

PLEASE LIST BELOW ALL SUITABLE DAY / TIME OPTIONS FOR THE SWIMVISION STAGE YOU ARE APPLYING FOR:

1	2	3	4
5	6	7	8

PLEASE READ AND SIGN THE TERMS & CONDITIONS. PLUS, COMPLETE YOUR ADDRESS ON THE REVERSE OF THE FORM.

A place has been reserved for you at _____ on _____ at _____ . Payment £ _____ (10-week subscription), to be received by _____ /_____ /_____ to secure your place. Course commences _____ /_____ /_____.

Important: ALL payments are to be made in person at Fullwell Cross Leisure Centre Reception Desk, please bring this card with you. We do not accept cheques. No refunds given. Please ask at Reception if you'd like to pay by monthly Direct Debit.

SWIMVISION MEDICAL CARD

Fullwell Cross Leisure Centre & Ilford County High School Swimming Pool
Call: **020 8550 2366** ext. **107** | Email: **svfullwell@vision-rcl.org.uk**

PLEASE ADVISE US OF ANY MEDICAL CONDITION / ADDITIONAL NEEDS THAT THE SWIMVISION TEACHER SHOULD BE AWARE OF: (ALL DETAILS WILL BE TREATED IN CONFIDENCE)