



# DIVING LESSONS APPLICATION FORM

CORBY EAST MIDLANDS INTERNATIONAL POOL  
PARKLAND GATEWAY  
GEORGE STREET  
CORBY  
NN18 1QG  
TEL 01536 464643

I wish to apply for diving lessons

APPLICANTS NAME:  DATE OF BIRTH:

EMAIL:

Offers will be made via email where possible

TEL HOME:  TEL MOBILE:

CONTACT NAME (parent / guardian):

ADDRESS:

TOWN:  POST CODE:

A good level of swimming in very deep water is required to participate in diving lessons. Parents are not permitted on poolside or in the diving pool area during lessons.

### REMINDER

Are you fit to dive? Take advice from your doctor and notify pool staff if your child has any medical conditions such AS epilepsy, diabetes, asthma, or learning difficulties if so please state below:

As parent / guardian of the above named child (under 16), I approve of his / her participation in the activity and understand the fee is non refundable in part or in full, I understand that my child takes part at my own risk. Manual support may be offered to children during the lesson to ensure the correct posture when executing a skill and for the safety of the child).

I agree manual support may be given.

SIGNATURE:  DATE:

(Parent / Guardian)

### Official use only

Date 1<sup>st</sup> place offered:

Date 2<sup>nd</sup> place offered:

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### PLEASE RETAIN CORBY BOROUGH COUNCIL DIVING LESSONS APPLICATION

Application received by:  Date:

Name of applicant:

You will be given two opportunities to accept a place, after this your application will be removed. Please inform us of any changes to your contact details. Offers will be made by email unless you have requested to be contacted by phone this your proof of application for diving lessons and must keep for future reference.