

# FREE SWIMMING APPLICATION FORM

## For 60yrs + and 16yrs and under

Customer Information																		
First Name:	Surname:	Male		Female		Date of Birth												
Address:		Home Telephone Number:																
		Mobile Phone Number:*																
		* Under 16s must provide written consent from a parent/guardian																
Postcode:		Email Address:																
<p><b>Ethnic Origin:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Chinese <input type="checkbox"/></td> <td style="width: 33%;">Other Asian <input type="checkbox"/></td> <td style="width: 33%;">Pakistani <input type="checkbox"/></td> </tr> <tr> <td>Bangladeshi <input type="checkbox"/></td> <td>Indian <input type="checkbox"/></td> <td>Black Caribbean <input type="checkbox"/></td> </tr> <tr> <td>Black African <input type="checkbox"/></td> <td>Black Other <input type="checkbox"/></td> <td>Mixed Ethnicity <input type="checkbox"/></td> </tr> <tr> <td>White <input type="checkbox"/></td> <td colspan="2">Other (Please specify) _____</td> </tr> </table>							Chinese <input type="checkbox"/>	Other Asian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Other <input type="checkbox"/>	Mixed Ethnicity <input type="checkbox"/>	White <input type="checkbox"/>	Other (Please specify) _____	
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<p><b>Disability:</b></p> <p>Do you consider yourself to have a disability?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If Yes, please specify:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Mobility/Physical <input type="checkbox"/></td> <td style="width: 33%;">Hearing <input type="checkbox"/></td> <td style="width: 33%;"></td> </tr> <tr> <td>Seeing <input type="checkbox"/></td> <td>Mental Health <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Learning <input type="checkbox"/></td> <td colspan="2">Other (Please specify) _____</td> </tr> </table>							Mobility/Physical <input type="checkbox"/>	Hearing <input type="checkbox"/>		Seeing <input type="checkbox"/>	Mental Health <input type="checkbox"/>		Learning <input type="checkbox"/>	Other (Please specify) _____				
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<p><b>Data Protection:</b></p> <p>Your details may be used and disclosed to Serco Leisure Operating Limited and/or Charnwood Borough Council, which may be of interest to you, or for market research. If you would prefer not to receive this marketing or other information you may write to us at any time or put a tick in this box <input type="checkbox"/></p>																		
<p><b>Proof of age shown:</b>      16 and Under <input type="checkbox"/>      Over 60 <input type="checkbox"/></p>																		
Signed: (Applicant)		Signed: (Parent/Guardian)			Date:													