



Chadsgrove School & Specialist Sports College



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MEADOW ROAD
CATSHILL
BROMSGROVE
WORCS
B61 0JL

19th July 2017

Dear Parents/Carers

We are once again running our Saturday Family Swims and are taking bookings for Swim sessions starting Saturday 16th September 2017 – Saturday 16th December 2017 inclusive.

Please note, due to maintenance costs, sessions have increased to £10.00. This cost does not include any assistance in the pool or changing area. A poolside attendant will be present throughout your swim.

Session times will run in hourly slots to allow half an hour swim with 15 minutes change time before and after, and will run from 9:00am until 1.00pm.

If you are interested in booking a slot, please complete and return all forms to Lorraine Binns at the above address. Sessions will be allocated on a first come first served basis.

Yours faithfully

Lorraine

Lorraine Binns



Family Swim Booking Form:

Swimmer's Name:	
Carer/Guardian's Name:	
Contact Address:	
Contact Phone Numbers (including Mobiles):	
Will you need to use the: Pool hoist/bed Changing Room Hoist (please tick if required)	

	9.00am – 10.00am Number of swimmers (maximum 8)	10.00am – 11.00am Number of swimmers (maximum 8)	11.00am- 12.00pm Number of swimmers (maximum 8)	12.00pm-1.00pm Number of swimmers (maximum 8)
Saturday 16th September 2017				
Saturday 23rd September 2017				
Saturday 30th September 2017				
Saturday 7th October 2017				
Saturday 14th October 2017				
Saturday 21st October 2017				
Saturday 4th November 2017				
Saturday 11th November 2017				
Saturday 18th November 2017				
Saturday 25th November 2017				
Saturday 2nd December 2017				
Saturday 9th December 2017				
Saturday 16th December 2017				

I have read and understood the 'Rules for Families using the pool' attached and agree to abide by these rules at all times whilst using the pool.

Signed:..... Date:.....

PLEASE RETURN THIS FORM TO: Lorraine Binns, Chadsgrove School, Meadow Road, Catshill, Bromsgrove, Worcestershire B61 0JL.

Swim Medical Information

<u>Name:</u>	<u>D.O.B</u>
<u>Emergency Telephone Numbers:</u>	<u>Home:</u>
	<u>Mobile:</u>

Additional contact name and telephone number

(Please ensure that this contact would not be at the pool)

Please give details of the following:

Physical disability:

Hearing or visual difficulties:

Allergies:

Medication taken regularly:

Please advise us about the action to be taken in the event of a medical emergency. E.g contact the people/numbers above or contact emergency services first. Please detail any other information that you feel is relevant to yourself attending the swims at Chads Grove:

Signed.....

Date.....