

**WINTER 2010  
CAMPBELL COLLEGE  
SATURDAY REGISTRATION FORM**

*Please forward form and payment to Watertots, 5 Harberton Park,  
Belfast BT9 6TW. Many thanks*

**I would like to register for the Winter term 2010. Please enter child's/children's details beside appropriate class (according to age of child/children when starting new term).**

**Term dates:** Saturday 6<sup>th</sup> November – Saturday 18<sup>th</sup> December  
**Term cost:** Group Class £56.00 (make payable to Watertots)  
 Private Class £84.00 (make payable to Watertots)  
*(plus include a once off £5 registration fee with your payment)*

Class Times	Age Group/Type of Class	Child's name & DOB
12.00 – 12.30pm	Baby Group Class (4-12 mths)	
12.30 – 1.00pm	1-2 yr old Group Class	
1.00 – 1.30pm	1-2 yr old Group Class	
1.30 – 2.00pm	2-3 yr old Group Class	
2.00 – 2.30pm	2-3 yr old Group Class	
2.30 – 3.00pm	3-6 yr old Group Class	
12.00pm– 3.30pm (every 30 mins)	PRIVATE LESSONS (kids aged 3-10). Please state standard below:	

**Please describe your child's current standard:**

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**Please complete your details as fully as possible:**

Name (Parent)			
Name (Child)			
Address			
	Postcode		
Home Tel		Work Tel	
Mobile		E-mail	

**Any medical problems we should be aware of:** \_\_\_\_\_

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- *You will receive a text or e-mail prior to term start date to confirm your place. We will try our best to suit your preferred time.*
- *Please sign agreement and complete emergency contact details on reverse side of this page, thank you.*

**General Consent Form**

- I have read and understand the Watertots information provided.
- I understand it is my responsibility to keep Watertots informed of any changes in health issues that may affect my child at Watertots.
- I understand and agree that Watertots representatives may aid my child in and out of the pool and during classes.
- I consent to my child receiving medical attention if required.
- I consent to other parents photographing/videoing their child/children in the pool.
- I agree that my child/children shall never be left unattended at any time.

Signature of Parent/Carer/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name (BLOCK CAPITALS) \_\_\_\_\_ Date \_\_\_\_\_

**Contacts in case of emergency**

<b>Contact 1</b>		<b>Contact 2</b>	
Name		Name	
Tel		Tel	