

**SPRING 2010  
VICTORIA COLLEGE  
FRIDAY REGISTRATION FORM**

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

**Term dates:** Friday 5<sup>th</sup> January – Friday 26<sup>th</sup> March  
**Term cost:** Private Class - £132.00 (make payable to Watertots)  
*(plus a once off registration payment for £5)*

Please note payment can be made in two instalments. Simply split the amount between two cheques and date one for January and one for mid February. Please send registration form and payment to Watertots, 5 Harberton Park, Belfast BT9 6TW.

<b>AGE GROUP</b>	<b>CLASS TIMES</b>	<b>CHILD'S NAME</b>	<b>DOB</b>
Private Classes (children 3 years and over)	30 minute slots at 3.00, 3.30, 4.00, 4.30 & 5.00 Max 3 children per class. Please state standard below.		

Please state your child's standard below:

\_\_\_\_\_

**Please complete your details as fully as possible (please highlight if details have changed):**

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

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

- *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	