

Swim Vision - Fullwell Cross Leisure Centre



Please advise us of any medical condition/additional needs that the Swim Vision Instructor should be made aware of. Please return the form to reception with your completed waiting list card. All details will be treated with the strictest of confidence.

**Applicants
Name**

Address

Telephone No:

Details of condition/additional needs:

For office use Only

Lesson Day, Time & Level _____ / _____ / _____