JSC ASSESSMENT

Thank you for considering JSC for your child's swimming lessons.

Please print complete and scan and return to admin@jerseyswimmingclub.je post PO Box 835, St Helier JE4 0UJ

Childs name: .....**Date of Birth:** .....

Parent's/Guardian's Name: .....

Tel: ..... **Email:** .....

Address:

.....

.....

Describe your child's swimming ability: .....

.....

Where did your child swim previously: .....

Does your child have a medical condition that we should be aware of Yes/No

If yes, please give details .....

.....

What Happens Next?

Your application will be processed, and you will receive an assessment date and time as soon as possible.

After assessment you will receive an email with child's Level, days, and times available for you to confirm.

OFFICE ONLY: Date of Assessment .....Time.....

Assessing Teacher.....

Level of Swimmer.....

Day.....Time.....