

# My aqualearn

## Expression of interest form



Thank you for choosing to learn to swim with us. If you are interested in private **My aqualearn** swimming lessons with tailored instruction please fill in this form and hand in at reception.

### Learner's details

Name  D/O/B

Email  Tel

Address

Preferred method of contact

Preferred time to be contacted (e.g. daytime, evenings, weekends)

### Emergency contact details

Name  Tel

### Additional information swimming teacher may need (e.g. health issues)

What do you want to achieve in your My aqualearn lessons?

What are your preferred days and times?

Do you have a preferred teacher?

Signature  Date

The information you provide to us will be held electronically by Durham County Council for the purpose of registration, identification and contact regarding your membership/activity. We would also like to keep you informed about our leisure services and products. If you **do not** want to be contacted tick this box .

Office use (pass to Aquatics coordinator)

AC allocated to:..... Date:.....

Teacher contacted customer date:..... Agreed lessons: Yes/ no

	Date of lesson	Entered on LMS	Payment (date)	Receipt number
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....



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	Date of lesson	Content of lesson	Teacher initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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18.			
19.			
20.			