

SPLASH SKILLS

BOOKING FORM 2009



UISCE

Name: _____

Address: _____

Age (U18) _____ Phone: _____ Mobile: _____

Email: _____

Health (any relevant health information eg. recent injuries, asthma, allergies, medication) Yes No Details _____

Your swimming ability Non Swimmer Weak (< 25m) Competent (>25m)

COURSE CHOICE

1 Day Kids Course €TBC 11.45 – 17.00

2 Hr Adult Session €TBC 18.15 – 20.30

Splash Skills 1 14 June 09 Splash Skills 5 16 July 09

Splash Skills 2 15 June 09 Splash Skills 6 17 July 09

Splash Skills 3 30 June 09 Splash Skills 7 1 August 09

Splash Skills 4 01 July 09 Splash Skills 8 August 09

DISCLAIMER: I accept that the activities taught in U.I.S.C.E. are classified as Adventure

Sports and therefore by their nature have an element of risk attached. I declare that I am in good health and not suffering from any illness, injury or disability which will interfere with the activities at U.I.S.C.E. or which have not been brought to the attention of the management of U.I.S.C.E. I therefore accept that despite all precautions that may be taken through safety procedures, equipment, student / instructor ratios, etc. that there is an element of risk associated with adventure sports and that the staff and management of U.I.S.C.E. cannot be held liable for any accident which may occur during these activities which are not due to their negligence.

HEALTH: Participants suffering from a recent injury, asthma, or any medical condition must specify so below. If an injury or condition develops after completion of the form the

U.I.S.C.E. staff must be notified by phone or in writing.

Signature: _____ Date: _____

(Parent or Guardian if under 18)