

# **Lewes Swimming Club**

**President: Mick Burt** 





# **FACT SHEET**

#### WHAT WE OFFER

Swimming lessons and coaching sessions for children and adults. From learn-to-swim for young children at one venue (see below) through all subsequent ability levels up to and including those who compete at County level. All our teachers and coaches are DBS registered. Children are taught using Swim England's Learn-to-Swim (Stages 1-7) and Aquatic Skills (Stages 8-10) frameworks.

#### WHERE

We swim at the Wave Leisure pools in Lewes, Newhaven, Ringmer and Seaford Head

# WHEN (during term-time)

**Monday** 5.15 to 6.15 p.m.

Seaford Head 30-minute sessions (learn-to-swim only)

**Monday** 6.00 to 8.00 p.m.

Ringmer 30, 60 & 90-minute sessions

**Tuesday** 6.30 to 8.00 p.m.

Ringmer 30, 60 & 90-minute sessions

Wednesday7.00 to 8.00 p.m.Seaford Head60-minute session

**Thursday** 6.30 to 9.00 p.m.

Lewes 30, 45 & 60-minute sessions

**Friday** 5.30 to 8.45 p.m.

Seaford Head 45, 60 & 90-minute sessions

**Sunday** 5.45 to 8.00 p.m.

Newhaven 45, 60, 75 & 90-minute sessions

### **FEES**

We offer a free taster session. The first term's (pro-rata) fees, together with a £15 Joining Fee are then payable. Fees per person per 12-week term are:

#### Weekly Swimming – Single Session

30-minute session £46 45-minute session £56 60-minute session £64 75-minute session £71 90-minute session £75

Weekly Swimming - Multi-Session

Any 2 sessions £109 Any 3+ sessions £143

#### WHO TO CONTACT

For more information and/or to organise a free taster session, contact:

Caralynne Ledingham 07503 018610
Trixie Nisbet 01273 582629

Email: info@lewesswimmingclub.org

or complete the 'Contact Us' page of our website



STARTER PACK GIVEN
PULL-BUOY GIVEN

# **Lewes Swimming Club**

SwimMark ESSENTIAL CLUB



JOINING FEE

TOTAL TO PAY

**President: Mick Burt** 

### **COMBINED APPLICATION FORM – LEWES SWIMMING CLUB & SWIM ENGLAND**

ΔL	L APPLICANTS (ALL items MU	<b>ST</b> be	pro	vided,	including <b>e-n</b>	nail address)								
S	Surname/Family name					Forena	me							
N	Aiddle Name(s)					Preferr	ed Na	me						
	Date of Birth					Swim E	nglan	d No. (if kno	own)					
(	Contact Mobile No.					Male o				М	/ E	·		
-	Contact E-mail Address													
	(MANDATORY)													
a (t	Medical Conditions, Disabilities nd Behavioural Issues that swimming teachers should be ware of)													
١	lame of School/College													
FO	R UNDER-18s only (TWO con	ntact	deta	ails <b>M</b> U	<b>JST</b> be provid	ed, <b>ONE</b> of whi	ch <b>MU</b>	<b>IST</b> be a pa	rent/guard	dian)				
[	Father's] Surname	[Father's] First Name												
[	Mother's] Surname					[Mothe	[Mother's] First Name							
	L APPLICANTS (ALL items MU	ST he	nro	vided)										
	Address Line 1	<b>31</b> DC	ρισ	viacuj	<u>'</u>									
-	Address Line 2													
$\vdash$	Postal Town							Post Cod	e					
$\vdash$	andline Phone No.													
FΩ	R UNDFR-18s only (TWO col	ntact	deta	rils <b>MI</b>	IST he provid	ed <b>ONF</b> of whi	ch <b>M</b> I	IST he a na	rent/auari	dian)				
	R UNDER-18s only (TWO contact details MUST be provided, ONE of which MUST be a parent/guardian)  Father's] Work Phone No. [Father's] e-mail address (optional)													
-	Father's] Mobile No.													
-	Mother's] Work Phone No.	[Mother's] e-mail address (optional)												
[	Mother's] Mobile No.													
CLI	UB MEMBERSHIP OPTION	'pleas	se cii	rcle yo	ur response)	·								
	Permission to use photographic images of the swimmer for publicity purposes only?  Yes / No													
•	I acknowledge receipt of the rules of Lewes Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the club.													
•	I further acknowledge and acce	pt th	e res	sponsi	bilities of me	mbership as se	t out ii	n those rule	es.					
•	I agree to abide by the rules of ASA Swim England / British Swimming and ASA Swim England's code of conduct.													
•	I will pay all swimming fees by Internet Banking or PayPal as and when they fall due and agree to pay a late payment fee should I not do so.													
•	I agree that the club may send me details of all its swimming activities by email, SMS or letter.													
•	I acknowledge receipt of both t	he Cl	ub's	privad	cy policy and	Swim England'	s Priva	cy Policy.						
	GNATURE, <b>BUT IF UNDER 18:</b> GNATURE OF PARENT/GUARI				Date:									
	POOL COORDINATOR - PLEASE COMPLETE THIS SECTION BEFORE SENDING													
	CHECKLIST		]		STER DATE	POOL		DAY		& FINISH 1	TIMES		£	
	E MANU & TWO CONTACTS		1											

# www.lewesswimmingclub.org