



Sevenoaks Swimming Club

Founded 1915

Affiliated to: ASA South East Region, Kent County ASA, RLSS

I/we give permission for(Name) to join the Sevenoaks swimming club Swim Camp to Mallorca 24 – 31 October 2010. I enclose three post dated cheques. I understand that the deposit is non-refundable and that once the payment dates have passed that these are non refundable. I agree to make the final payment by the due date of 31 July 2010.

I/we give permission for my/our son to receive emergency medical treatment, including anaesthetic, if necessary and understand that S/he will be required to follow the SSC Code of Conduct for the swimming camp.

Signed (Parent/Guardian) Date.....