

Sheffield Diving Learn to Dive

# Flip n Fun Diving Lesson

PONDS FORGE I.S.C SHEFFIELD  
Sheaf Street, Sheffield, S1 2BP



**Sunday 30<sup>th</sup> November 2014**

The following 45 minute diving sessions are available:

10-10.45am

11-11.45am

12-12.45am

Lessons are aimed at both complete beginners and those who have had some experience of Flip n Fun. The lesson will provide children with a progressive and safe introduction to the sport of diving. It will cover skills on the ASA Flip n Fun Awards Scheme Stages 8, 9 & 10. Certificates awarded to all participants.

### Entry Criteria

All participants must be aged 6-14 years, able to swim 25m unaided, be confident in deep water and happy to swim without goggles

### Booking Terms & Conditions

- Closing date is Monday 17<sup>th</sup> November 2014
- Places will be allocated on a first-come-first serve basis
- A confirmation email will be sent out with further information
- Sessions are £3 per person
- Payment must be received at the time of booking. Payment must be made by cash or cheque. Cheques made payable to 'NTN Diving Ltd'.
- No refund policy

Please contact Nigel Mills on 07557991824 or email [learntodive@cityofsheffielddiving.co.uk](mailto:learntodive@cityofsheffielddiving.co.uk) for more details and to book a place.

**FLIP N FUN LESSON APPLICATION FORM**

Please complete the sections in this form and return with payment to: F.A.O Nigel Mills, Learn to Dive Manager, Aquatics Office, Ponds Forge I.S.C, Sheaf Street, Sheffield, S1 2BP.

**Personal Details**

**Name:**

.....

**Telephone number:**

.....

**Address:**

.....

**Email address:**

.....

.....

**Are you:** Male?  Female?

.....

**D.O.B:**..... **Age:** .....

**Postcode:**

.....

Have you done Flip N Fun or Diving before? (Please circle) Yes No

If yes please state where and when? .....

.....

Please tick which session you wish to attend: **Session 1 (10-10.45AM)**

**Session 2 (11-11.45AM)**

**Session 3 (12-12.45PM)**

I enclose the payment of £3.00  Cash / Cheque (Please circle)

**Medical Information**

Please provide details of any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes etc).....

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Do you have any long-term illness, health problem or disability, which limits your daily activities? Yes  No

If yes, please explain

.....

**Emergency Contact Details** (to be completed by a parent/guardian)

Please give details of the person(s) who should be contacted in case of an incident.

Contact Name: (e.g. Parent/guardian).....

Relationship to you: (e.g. Mother).....

Emergency Contact Number:.....

*We intend to hold this information on computer in compliance with Data Protection Act 1988.*