

Edenderry Swimming Pool & Hydro Therapy Zone

Bookings are now being taken for the Sports Recovery Sessions at Edenderry Swimming Pool & Hydro Therapy Zone. Hours as per the current timetable. PLEASE COMPLETE AND BRING TO YOUR FIRST SESSION

SPORTS RECOVERY SESSION – BOOKING FORM

MANAGERS DETAILS

Name

Address

Preferred Tel

E-mail

Team Name/ Sport

No. of Persons Attending Session

Please circle the number of weeks you would like to pre-book

4 weeks

5 weeks

6 weeks

7 weeks

8 weeks

Receipt of payment will confirm your place. Please enclose / a cheque for correct payment, to Accounts Payable, Edenderry Swimming Pool, Carrick Road, Edenderry, Co. Offaly

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ALL MEMBERS OF THE GROUP ATTENDING THE SPORTS RECOVERY SESSION ARE IN GOOD PHYSICAL CONDITION AND HAVE NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE EDENDERRY SWIMMING POOL LIMITED AND IT'S COACHING, VOLUNTEERS, AND OTHER STAFF PERMISSION TO ACT ON BEHALF OF OUR TEAM/ CLUB IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE EDENDERRY SWIMMING POOL LIMITED AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON BEHALF OF OUR TEAM/ CLUB IN THIS REGARD

_____ (manager name) agrees to the statement above and accept the terms and conditions of Edenderry Swimming Pool and the regulations for the HydroZone

Signature: _____

Capacity of Signatory: _____

Office Use Only: Agreed Amount €

Paid in Full

Y/N

Signed by