



APPLICATION FOR ACCESSIBLE SWIMMING POOL PASS

Section 1

To be completed by parent or guardian if applicant is under 18 years of age or if unable to personally undertake.

Full Name:

.....

Date of Birth:

.....

Address:

.....

.....

.....

Section 2

To be completed by parent or guardian if applicant is under 18 years of age or if unable to personally undertake.

Other Children (Under 16):

Name	Date of Birth

Name of parent or guardian:

Parent or guardian's signature:

This form is to be completed in full and handed in at the Gibraltar Sports and Leisure Authority reception at the Swimming Pool Complex with a copy of the I/D card and passport photo of the individual named under Section 1.

Section 3

To be completed and signed by parent or guardian if applicant is under 18 years of age or if unable to personally undertake.

Waiver: Data Protection Act 2004

Consent is hereby given to the processing of the overleaf personal data by the GHA, its employees and/or its independent agents for the purpose of facilitating an Accessible Pool Pass by sharing the data held on this form with the Gibraltar Sports and Leisure Authority.

I understand that I have the right to withdraw the consent herein given at any time.

Name:

Signature:

Applicant Parent Guardian (Please tick)

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Section 4

Pool Pass Authorised by a Doctor or Nurse Practitioner.

Clinician's Full Name:

Clinician's Signature & Stamp:.....

Temporary or Permanent Pool Pass (Please circle)

If temporary, time period of Accessible Swimming Pool Pass:

This form is to be completed in full and handed in at the Gibraltar Sports and Leisure Authority reception at the Swimming Pool Complex with a copy of the I/D card and passport photo of the individual named under Section 1.