



Owner/ Guest Registration Form

Welcome to The Lakelands

In order to ensure that we fully comply with all health and safety requirements and our records are kept up to date please complete the following information and return it to Reception at check-in.

We appreciate your co-operation.

Name:.....

Address:

..... Postcode

Contact number(s):.....

*Email address:.....

Car registration (if applicable).....

Deposit Refund (If applicable) Sort Code Acc Number:

Deposit Paid:..... Account Name

- A refund invoice will be sent via email.

Arrival Date: Departure Date:.....

Apartment number allocated on arrival:

Number of people in your party:

Adults:Children (under 12):

Contact in case of emergency:

Name:

Contact number:

Signed.....

Dated.....

ALL GUESTS WISHING TO USE THE LEISURE CENTRE FACILITIES MUST READ AND SIGN THIS FORM CONFIRMING THAT THE TERMS AND CONDITIONS OF THE LEISURE CENTRE USE WILL BE ADHERED TO AT ALL TIMES

THE LOCAL AUTHORITY INSIST THAT AS THE LEISURE CENTRE IS NOT SUPERVISED IT IS IMPERATIVE THAT ALL USERS ARE AWARE OF THE FOLLOWING:

- 1) Strictly no lone bathing
- 2) No children under the age of 16 years- unless accompanied by an adult
- 3) No diving
- 4) Please note that the maximum number of bathers at any one time :
MAIN POOL 15 PERSONS
CHILDRENS POOL 6 CHILDREN
- 5) Please observe the 'panic button 'at the shallow end of the pool. In the event of an emergency this should be sounded to alert any available person (staff assistance is only available during office hours)
- 6) Fire escape routes and the position of the telephone should be observed
- 7) In the case of an emergency dial 999 or for the local doctor dial 015394 32693
- 8) The nearest hospital is The Westmorland General Hospital, Kendal 01539 732288
- 9) The Leisure Centre is monitored by CCTV camera and recorded; this is observed during office opening hours.
- 10) The Lakelands reserve the right to cancel access to the Leisure Centre if the terms and conditions of use are not adhered to

PLEASE SIGN BELOW ONCE YOU HAVE READ AND UNDERSTOOD THE ABOVE TERMS AND CONDITIONS

I have read and understood the Leisure centre's terms and conditions of use and am aware of my responsibilities whilst using the Leisure Centre.

Print name.....

Apt Number Week

Date.....

Signed.....

The Lakelands reserves the right to close down the leisure centre at anytime in the event of an emergency. No compensation will be paid in these circumstances.