**BECKENHAM SWIMMING CLUB**

Affiliated to the A.A.A., A.S.A. London Region and K.C.A.S.A.



**New Starter Trial Registration Form**

|  |  |
| --- | --- |
|  | Enter details here |
| Swimmer Surname |  |
| Swimmer First Name |  |
| Sex (Male or Female) |  |
| Date of Birth |  |
| Age |  |
| Parent/Guardian Full Name |  |
| Contact Email |  |
| Contact Phone |  |
| Notes regarding swim competency*(References, strokes, previous lessons, current level, etc)* |  |
| Date Trial Form Completed |  |