



# Reading Swimming

WWW.READINGSWIMCLUB.ORG

## Trial Application Form

### Swimmer's Details

Swimmer's Name			
DOB		Gender	Male / Female
Age			

### Parent / Guardian Details

Name			
Email			
Telephone	Home		Mobile

### Swimming Experience

How often does your child currently swim? (hrs per wk)		Do you belong to any other swimming club?	
What standard or awards have they achieved? (ie ASA level achieved)		If yes, which one? Please specify ASA number if you have one	
Should your child have any times from swimming events please provide <b>time, stroke &amp; distance</b>			

Does your child have any medical conditions, disabilities or injuries that could affect his/her well-being at a swimming session?	

### How did you hear about us?

How did you hear about the club? (Local press, current swim school, school, web...)	
Did anyone recommend the club to you?	

I agree to allow Reading Swimming Club to maintain the above information on computer under the provision of the data protection act.



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Swimmer's Name \_\_\_\_\_

**Assessment (to be completed by the coach)**

Backstroke	
Breaststroke	
Butterfly	
Freestyle	

**Trial Summary (to be completed by the coach)**

The above named swimmer will be offered a space in the following squad:	
Completed by:	
Date of Assessment:	