

LONDON BOROUGH OF BARNET TRAINING SCHEME

SWIMMER'S DETAILS

This form must be completed by the swimmer / guardian on the first day of their trial period and returned to the coach immediately.

NAME.....**GENDER**.....

ADDRESS

.....**POSTCODE**.....

Date of Birth

E-mail address

Home telephone number.....

Daytime telephone number.....

Mobile telephone number

Details of any other family member in the scheme

Name.....**Relationship**.....**Group**.....

Parent / Guardian signature.....

To be COMPLETED IN FULL by the Group Coach and returned to the office on completion of trial period

First date of trial period.....

Month commencing full payment

Group.....

ASA Membership No. (if applicable).....

Previous Club (if applicable)

Coach signature.....

NB. Please note that no swimmer will be accepted into the Training Scheme without the completion of this form by the relevant coach.

FOR OFFICE USE ONLY

Membership number.....**Enrolment date**.....**Card set up**.....

BCSC membership form, Direct Debit forms sent, ASA registration form (not Dolphins), ASA resignation form (if applicable)

Date sent.....**Signature**.....