

ATHERTON & LEIGH AMATEUR SWIMMING CLUB

APPLICATION FOR MEMBERSHIP

Personal Details

Surname _____ First Name(s) _____

Address _____

Postcode _____

Date of Birth * _____ Telephone No. _____

Other Family member at Club _____

Does your child suffer from any illnesses or disabilities? Yes No

Please specify _____

* must be 5 years of age or older

Swimming Ability

Is your child a Swimmer / Non Swimmer? delete as applicable

If a swimmer, please provide the following information

1. Does your child have lessons? NO YES

If **YES** - where do they have lessons? _____

What standard / Awards have they achieved? _____

2. Which strokes can they swim?

Breaststroke Backstroke Frontcrawl Butterfly

3. How far can they swim without a rest?

1 width 1 length 2 lengths 4 lengths or more

Signature of Parent / Guardian _____ Date of Application _____

Official used only

Tested Grade Target Date