



**NEW EARSWICK SWIMMING CLUB  
~ FOUNDED 1967 ~**



**TRAINING FORM**

PLEASE USE BLOCK CAPITALS

Mem. Number: .....

Name: ..... Date of Birth: .....

Address: .....

..... Post Code: ..... Telephone No: .....

**Emergency Contact Details (Mobile Tel No.)**

Name: ..... Tel No: .....

Relationship: .....

Name: ..... Tel No: .....

**MEDICAL DETAILS**

Do you suffer from ASTHMA or BREATHING DIFFICULTIES? YES/NO

Is an INHALER required? YES/NO

(If so, please inform the Teacher/Coach and bring it to every session attended)

Do you have any MEDICAL CONDITION OR LEARNING DISABILITY which would be helpful for the Teacher/Coach to know about? (Any information given will be treated in strictest confidence). YES/NO

Please give details: .....

Signature (parent if under 18yrs of age) .....

(I hereby give consent for these medical details to be held by NESCS).

Are you already in the Training Scheme? YES/NO

If No, please complete the following:-

CAN YOU SWIM? YES/NO

If a non swimmer – are you confident in the water?

On your Back? YES/NO On your Front? YES/NO

If you can swim please indicate which strokes, proficiency and how far?

BREASTSTROKE: ..... BACKSTROKE: .....

FRONTCRAWL: ..... BUTTERFLY: .....

Club/s or Lessons previously attended and standard attained, please give details:

Irregular or non-attendance at Classes for 3 consecutive weeks, without good reason, will necessitate (because of pressure of numbers) **suspension** of the right to attend and removal of name to the end of the waiting list.

If while your name remains on the waiting list your circumstances change (address, telephone number, swimming ability etc.) **please inform:**

Gillian Walsh Telephone Number: 01904 692047  
Ann Reed Telephone Number: 01904 768163

This information will be used solely for the purposes of NESCS, to advise teachers/coaches and to make entries to swimming events held under ASA Rules.