



WIGAN SWIMMING CLUB

APPLICATION FORM

<http://www.wiganswimmingclub.org.uk/membership>

MEMBER

Name	DOB	Age
Address		
		Postcode
Tel	Mob	
Email		

CHECK LIST (Please check the following things before your trial)

Have you made yourself aware of the club's policies and rules?	<input checked="" type="checkbox"/>
Do you know the club's requirements for swimming ability?	<input checked="" type="checkbox"/>
Have you got appropriate swimwear, goggles, caps etc?	<input checked="" type="checkbox"/>
Have you arranged a trial with a coach?	<input checked="" type="checkbox"/>

TRIAL (To be completed by the Coach during your trial)

Date of trial	
Frontcrawl	
Backstroke	
Breaststroke	
Butterfly	
Action	Ref