



WIGAN SWIMMING CLUB

APPLICATION FORM

www.wiganswimmingclub.org.uk/membership

MEMBER Please complete before attending your trial

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?

☐

Do you know the club's requirements for swimming ability?

☐

Have you got appropriate swimwear, goggles, caps etc?

☐

Have you arranged a trial with a coach?

☐

TRIAL To be completed by the Coach during your trial

DATE OF TRIAL

FRONTCRAWL

BACKSTROKE

BREASTSTROKE

BUTTERFLY

ACTION

REF