

## HASTINGS SEAGULL SWIMMING CLUB

### Section A – To be completed by parent/guardian for inclusion on waiting list

Childs Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical/ Physical (inc audio/visual)/  
Behavioural or other conditions we  
should be aware of or Medication: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Please mark the most appropriate swimming ability:

- Non-swimmer (i.e. uses armbands)
- Can swim a few metres
- Can swim a width
- Can swim all strokes except butterfly
- Has swum competitively

Date: \_\_\_\_\_

### Section B – To be completed by parent/guardian at assessment

I confirm the above details are correct and that I have received a copy of Hastings Seagull SC's constitution.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Section C – To be completed by Junior Secretary

Trial Date: \_\_\_\_\_

Group: \_\_\_\_\_

Start Date: \_\_\_\_\_