

ASA SOUTH WEST REGION

*Delete where applicable

THE ASA SW REGION SCHOOL OF SWIMMING DEVELOPMENT
SWIMMING TRAINING COURSE – BRYANSTON 10 – 16 AUGUST 2008

APPLICATION FORM

SURNAME FIRST NAMES

ADDRESS.....

.....CLUB.....

TELEPHONE NO:..... DATE OF BIRTH *MALE / FEMALE

PLEASE BE SURE YOU HAVE READ THE COURSE INFORMATION LEAFLET BEFORE COMPLETING THIS FORM RE SELECTION CRITERIA. MINIMUM AGE 11 YEARS.

County/District events you have or intend to enter in 2008 -----

Personal best times converted to 25m – complete as much as possible:

F/S - 50 Ba - 50 Br - 50 Fly - 50

F/S - 100..... Ba - 100 Br -100..... Fly - 100.....

F/S - 200..... Ba - 200 Br - 200..... Fly - 200

100IM (Mandatory)..... 200 IM 400 IM

Land Conditioning current practised

Training: No of Sessions per Week Duration of Sessions Average Distance per Session.....

Club Coach’s Brief on Swimmer & Ratification of above Times

Coach’s Name Tel No Signature.....

Please use reverse side of this form to explain any allergies, medical conditions/treatments/prescribed medication etc

Special Diet Required, ie. Vegetarian

Medical Status, ie Asthmatic.....

Doctor and Surgery name and Tel No

PLEASE NOTE: ALL SWIMMERS TO BE UP TO DATE WITH TETANUS INJECTIONS

Parent’s/Guardian’s Signature (if under 18 yrs)

Club Secretary’s Signature (Verification of above in line with info leaflet).....

This Form must be completed and returned to me **BY 19 MAY 2008**, together with a **£50 DEPOSIT** (Cheques to be made payable to the **SOUTH WEST SCHOOL OF SWIMMING**, approved by your Club Coach/Secretary. Acceptance will be advised by 9 June 2008.

PLEASE NOTE:

Deposits will only be returned if application is unsuccessful.

CHEQUES MADE PAYABLE TO THE ASA SW REGION ARE NOT ACCEPTABLE

Hon Secretary & Course Director:

**Mr Peter Wilson-Chalon
The Croft
Hardington Moor
YEOVIL
Somerset BA22 9NN**

Tel: (01935) 862973

PLEASE ENSURE THAT NO CORRESPONDENCE IS SENT TO BRYANSTON SCHOOL