

SWIMMER'S DETAILS



NAME: DOB:..... (DD/MM/YY)

HEIGHT: _____cm WEIGHT: _____kg

GENDER: M / F MEMBER OF EXISTING SWIM CLUB: NO / YES

(If Yes, please indicate Club Name):

CONTACT NO: EMAIL:

SWIM STROKE	CURRENT SWIM TIME (LONG COURSE)	DATE ACHIEVED	NAME OF COMPETITION
50M BUTTERFLY			
50M BACKSTROKE			
50M BREASTSTROKE			
50M FREESTYLE			
100M FREESTYLE			
200M INDIVIDUAL MEDLEY			

FREQUENCY OF CURRENT TRAINING PER WEEK:

**Kindly email this form to swimclub@apsswim.com or fax: 6299-4551 and we will revert.*

FOR OFFICIAL USE:

COACH COMMENTS (if any):

COACH NAME & SIGNATURE: