



Est. 1928

Clevedon Swimming Club Waiting List Application Form

Name		M/F	Date of Birth
Address			
		Email	
Postcode		Tel no	

Swimming Ability <i>(Incl details of current lessons attending)</i>							
	Any ASA badges/awards. Please give details of the two most recent.	Date		Badge		Where	
		Date		Badge		Where	

Other relevant information e.g. ear problems, asthma, epilepsy		Improver sessions *	Please Tick
		Tuesday (7-7.30 pm)	<input type="checkbox"/>
		Thursday (7-7.30 pm)	<input type="checkbox"/>
		Sunday (6-6.30 / 6.30-7 pm)	<input type="checkbox"/>

Have you any experience / Qualifications helping with swimming?	
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Parent/Carer (<i>Print & Signature</i>)		Date	
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Return completed form to: Kirsty Crossan Tel: 01275 871047
Email: waitinglist@clevedonasc.co.uk

Recommendation – Name of teacher (If applicable):	Signature of teacher:
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Club Use only	Date Received:	
	Date Assessed	Day/Time Offered:

* Swimmers joining the 'Improver' group are required to attend the main 1/2 hr session on Tues or Thurs plus another 1/2 hr session on a Sunday when able (the club will notify you of which Sunday session to attend).