WIGAN SWIMMING CLUB

| nttp://www.wigan | swimming | ciub.org.u | ık/mem | persnip |
|--|---------------|----------------|--------|---------|
| MEMBER | | | | |
| Name | DOB | | Age | |
| Address | | | | |
| | | Postcode | | |
| Tel | Mob | | | |
| Email | | | | |
| CHECK LIST (Please check the following | g things befo | ore your trial | | |
| Have you made yourself aware of the | club's polici | es and rule | s? | |
| Do you know the club's requirements | for swimmi | ng ability? | | |
| Have you got appropriate swimwear, | goggles, ca | ps 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 | | | |

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