

**SWIMMER’S DETAIL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| DOB (DD/MM/YY) |  | | |
| 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***](mailto:swimclub@apsswim.com) ***or fax: 6299-4551 and we will revert***

FOR OFFICIAL USE:

COACH COMMENTS (if any):

COACH NAME & SIGNATURE: