

**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*** ***or fax: 6299-4551 and we will revert***

FOR OFFICIAL USE:

COACH COMMENTS (if any):

COACH NAME & SIGNATURE: