



**HADEN HILL SWIMMING CLUB**  
**Swim 21 Accredited - Teaching and Skill Development**

**TEACHING MEMBERSHIP FORM**

**Swimmers Information**

<b>Surname:</b>	<b>Forename(s)</b>
<b>Date of Birth:</b> <b>Gender: Male / Female</b>	<b>Ethnic Origin: UK White / UK Asian / UK Irish / UK Afro Caribbean / Other</b>
<b>Address:</b>  <b>Town:</b> <b>Post Code:</b> <b>Home Telephone:</b> <b>1<sup>st</sup> Emergency Telephone:</b> <b>2<sup>nd</sup> Emergency Telephone:</b>	<b>Medical Condition (i.e. Epilepsy, Diabetes etc) Yes / No</b>  <b>Does your child take routine medication? Yes / No (If yes please state)</b>  <b>Is your child a member of any other swim school/club? (If so please state) Yes/ No</b>  <b>Day preferred for lesson on a ....Sun.... / Mon....</b>

**Your child's swimming ability:**

1. Can your child swim? Yes / No. If No does your child wear arm bands? Yes / No
2. If Yes how far can your child swim (Please circle) 5m - 10m - 15m - 20m – if more then 20m : State ..... Please
3. Has your child participated in the ASA National Plan for Teaching before? Yes / No  
 If Yes what stage have they achieve? (Please circle) Stage 1 – 2 – 3 – 4 – 5 – 6 - 7 – 8 – 9 - 10

Would you and your child be interested in Competitive Swimming (Please circle) Yes / No / Maybe / Don't know

**Parent / Carer Information**

<b>Surname:</b>	<b>Forename(s):</b>
<b>Email Address</b>	<b>Relationship to swimmer:</b>
<b>Address &amp; telephone if different from above:</b>	

The Data Protection Act requires that a member give consent to the ASA and Haden Hill Swimming Club holding data and I sign and date this form to acknowledge its accuracy and my recognition of this consent.

I agree to abide by the rules of Haden Hill Swimming Club.

Signed.....Date.....