ELLESMERE PORT AMATEUR SWIMMING CLUB

(Affiliated to Swim England - North West Region Ltd.)

APPLICATION FOR JUNIOR SWIMMING MEMBERSHIP

Name: _____ (MALE / FEMALE) D.O.B._____

Address: _____

_____ Post Code: _____

Contact Tel No: _____ Mobile: _____

e-mail Address: _____

School: _____

HOW FAR CAN YOU SWIM?

Backstroke: _____

Breaststroke: _____

Butterfly: _____

Front Crawl: _____

Have you had swimming lessons/ where? _____

National Plan for Teaching of Swimming (NPTS) level reached: _____

Do you belong to any other swimming clubs? _____

If so, which ones? _____

N.B. Completion of this form is no guarantee of acceptance

Date of application: _____

Signed: _____parent/guardian.

Applicants should complete this form and either hand it into the reception at the EPSV or return it to a Swimming Club official at our table in the entrance corridor on club nights Sunday from 6:15pm, ~~Monday from 7pm~~ and Friday from 7pm.

03/09/2023