



## APPLICATION FOR ASSESSMENT

### SWIMMERS DETAILS

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MALE/FEMALE \_\_\_\_\_

SWIMMING QUALIFICATIONS (Distance Awards/ Levels)

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### CONTACT DETAILS

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### MEDICAL DETAILS

DOCTOR'S NAME: \_\_\_\_\_

SURGERY: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELEVANT MEDICAL CONDITIONS

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