

Tewkesbury Swimming Club Trial Request		
<b>Applicants Details</b>		
<b>Christian Names</b>	<b>Surname</b>	
<b>Address</b>		
<b>Date of Birth</b>		
<b>Home Telephone Contact Number</b>	<b>Mobile Telephone Contact Number</b>	
	<b>Medical Details or Conditions</b>	
<p><b>Are there any medical or physical conditions, disabilities or other issues to be considered ie: Asthma/Diabetes/Allergies/Epilepsy/ADHD/Visual/Auditory</b></p>		
	<b>Parent/Guardian Contact</b>	
<b>Parent or Guardian Name</b>		
<p>I can confirm I have received and read the welcome to Tewkesbury Swimming Club letter and fully understand the £45 trial fee is payable in advance and is non-refundable.</p>		
<b>Signed</b>	<b>Dated</b>	