

Friends Swimming Application Form



Swimmer Details

First Name: _____ Date of Birth: _____
Last Name: _____ Phone/Mobile Number: _____
School: _____ Email Address: _____

Parent/Guardian Information

Title: _____ Phone/Mobile Number: _____
First Name: _____ Email Address: _____
Last Name: _____

Swimmers' Experiences, Preferences and Goals

Previous swimming experience

Please provide as much detail as possible about how long you have been swimming for, how many sessions / hours per week you have been doing and where you have been swimming

How many sessions would you ideally like to do per week as a part of Friends Swimming?

Swimming goals

Friends Swimming Application Form (cont.)



Reason(s) for wanting to join Friends Swimming

Favourite / main stroke(s)

Favourite swimming memory

Do you intend on participating in swim meets?

Hobbies and interests outside of swimming

Favourite thing about swimming

Privacy Policy

Friends Health & Fitness is bound by the Australian Privacy Principles contained in the *Privacy Act 1988 (Cth)*. We use and manage personal information provided to or collected by us in compliance with these requirements. For further information about how we deal with personal information, please refer to our Privacy Policy at www.friendshealthandfitness.com.au , or contact our Privacy Officer at privacy@friends.tas.edu.au.