

Arnold Swimming Club – Trialist form

Please complete ALL the details below.

Name. Address. Date of Birth. Home No. EMERGENCY No: Distances swam: Member of another Club (please give details):	<u>Disability</u> Physical Disability (Ambulant) – Yes / No Physical Disability (Wheelchair user) – Yes / No Visually impaired (eg Wear glasses) – Yes / No Hearing Impairment – Yes / No Learning Difficulty – Yes /No Asthmatic – Yes/No Medication: Any Medical Condition – Yes /No Medication:
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Conditions of the Trial

1. The trial will usually be for a period of 4 weeks at the end of which you will either be invited to join the Club or declined acceptance into the Club. The Club or swimmer may end the trial at any time.
2. The first trial is free and you agree to pay per session for the remainder of the trial.
3. If you are invited to join the Club you agree to pay the membership joining fee within 14 days of being accepted and to pay for swimming sessions by monthly Standing Order or monthly cash/cheque.
4. In times of high demand for trials and/or high attendance in the pool the Club may not be able to advise a date for the second trial. Please contact the Club desk 14 days after the first trial for an update or e-mail the Club website (www.arnoldswimmingclub.org.uk).
5. You are required to remain on the premises at **all** times during each session of the trial.
6. You will receive a copy of the 'Code of Conduct' and agree to the conditions of this.
7. **Only relevant club members (eg Lane coach, Head and Assistant Head coach) will be made aware of any disability or medication your child is receiving. By signing this trialist form you are consenting to this information being made available to these members.**
8. In accordance with the Clubs constitution, membership is provisional and subject to approval by the Committee. If membership is declined, the Club will refund the membership and monthly payments in full.

Parent/Guardian or swimmer (if over 18 years old) Declaration

I agree to abide by the above 'Conditions of the Trial'.

Signed _____ Date _____
(Parent or Guardian if under 18 years of age)

Head Coach/Assistant Head Coach ONLY

Date of First trial:
Comments:

Date of Second Trial:

I agree/disagree to the above named swimmers joining Arnold Swimming Club.

Signature (Head Coach/Assistant Head Coach) _____ Date _____