

MEDWAY AMATEUR SWIMMING ASSOCIATION

TRAINING DAY APPLICATION FORM

Following the successful Training Day that Medway ASA organized last year, we have arranged another for this year on Saturday September 4th at the Strood Pool from 10am to 5pm for 9, 10 & 11 year olds. As before, the day will include pool sessions covering starts, turns, stroke drills and stroke work, plus land training which will take place in a separate area at the Centre. Medway ASA have again been fortunate in securing the services of Tony Smith, head coach at Canterbury for the day, along with his assistant. Swimmers are to bring their own packed lunch, snacks and drinks. Cost for the day will be £10.

Spaces will be available for up to 60, and these will be accepted on a first come, first served basis. As the date is immediately after the summer holidays, applications must be received by July 31st.

It is advised that you speak to your own coach before applying, so that they are aware of your intentions to attend this course.

Please forward the completed forms with a cheque payable to MASA by July 31st to the Hon Sec Mrs Barbara Upton, Brooke House, Carisbrook Dr, Maidstone ME16 0HY (Tel 01622 751060 email babsupton@onetel.com).

PLEASE TEAR ALONG THIS LINEPLEASE TEAR ALONG THIS LINE

Swimmers full name.....

Date of Birth.....Club.....

Contact name.....Tel.....Mob.....

Current Time for 50m Freestyle.....

Please also complete the medical form and enclose payment.

MEDWAY AMATEUR SWIMMING ASSOCIATION

TRAINING DAY 4th September 2010

MEDICAL INFORMATION SHEET

NAME OF SWIMMER.....

DATE OF BIRTH.....ASA Number.....

ADDRESS.....

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CONTACT PHONE NUMBERS.....

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E-MAIL CONTACT.....

ALLERGIES, MEDICAL CONDITIONS, DETAILS OF ANY MEDICATION AND
DOSAGES, DIETARY NEEDS, PLUS ANY OTHER RELEVANT INFORMATION

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Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf for an anaesthetic to be administered at hospital, and for any other urgent medical treatment to be given.

Signed.....Parent/Guardian

Print Name.....Date.....

CODE OF CONDUCT

Behaviour and Personal Conduct must at all times be of a high standard and reflect favourably on the sport of swimming and Medway Amateur Swimming Association.

I agree to conduct myself well and be answerable to the Team Managers.

Signed.....Print Name.....Date.....