



NUNAWADING SWIMMING CLUB INCORPORATED

ABN 64 503 868 598

Fraser Place, Forest Hill, Victoria 3131

Telephone **03 9878 7055**

Facsimile **03 9894 3832**

Website: www.nunawadingswimmingclub.com

Email: info@nunawadingswimmingclub.com

Dear Prospective Squad Member,

Welcome to Nunawading Swimming Club. We have a long and proud tradition as one of Victoria's leading swimming clubs. Our aim is to be the best possible facilitator for all your swimming needs. To help us achieve this, we ask that you fill out the following form and return it to us as quickly as possible. We will then arrange to meet with you.

All enquires relating to persons **13 years & under** please return forms to Nunawading Swimming Club marked Attention: Dean Bryant or email dean.bryant@nunawadingswimmingclub.com.

All enquires relating to persons **14 years & over** please return forms to Nunawading Swimming Club marked Attention: Nick Veliades or email to nick.veliades@nunawadingswimmingclub.com.

Contact Information					
Name:				Male/Female:	
Date of Birth:			Registration No: _____		
Current Address:					
Suburb:			State:		
Mobile:		Phone:			
Parent/Guardian Contact Information (If under the age of 18 years)					
Name:					
Current Address (if different to above)					
Suburb:		State:		Post Code:	
Mobile:		Phone:			
Email:					
Would you like to be up to date with all the Nunawading Swimming Club News via the Nuna weekly news emails?					
Personal Best Times in Long Course metres					
Event	Butterfly	Backstroke	Breaststroke	Freestyle	Medley
50m					
100m					
200m					
Any other event(s) not listed:					
Personal Best Times in Short Course metres					
50m					
100m					
200m					
Any other event(s) not listed:					
Previous Swimming Experience					
Please tick level(s) achieved:					
<input type="checkbox"/> Aust Open	<input type="checkbox"/> Aust Age	<input type="checkbox"/> State Champs	<input type="checkbox"/> District	<input type="checkbox"/> Club	

NSC New Squad Member Form

Training background		
Previous Club:		
Previous Coach:	How long were you a member there?	
How many sessions per week?	On average how many Km's per session?	
What is your current fitness level? (please tick one)		
<input type="checkbox"/> Very Fit	<input type="checkbox"/> Generally fit	<input type="checkbox"/> Not Fit
Injury Background		
Have you had any injury concerns? Yes / No		
If so what are they?		
Are they being treated? Yes/No	Do you have a current exercise/prevention program? Yes/No	

Squad decided: _____

Assessor signature: _____

Squad coach Signature: _____

NSC information pack provided including squad sheet and other relevant club information.

**Coaches,
Please hand to Administrator & Finance Officer Louise Martin once all details have been completed and signed off.**

Entered into links