

BJSC Waiting List Application Form

Date of Application: _____

Swimmer's Details	
Name:	DoB:
Male / Female (circle)	Age:
Parent's/Carer's Name:	
Address:	School:
email:	
Tel no (home):	
Tel no (other):	

BJSC use only:

Date of assessment: _____

Swimmer's entry level at assessment:

Teaching Pool or

Group: A B C D lengths squad (circle)

Number on waiting list for group _____