MALDON SHARKS ASSESSMENT FORM

|  |  |  |
| --- | --- | --- |
| Date: |  | |
| NAME OF SWIMMER:  AGE:  CONTACT NAME:  EMAIL:  MOBILE NUMBER: |  | |
|  |  | |
| ASA SWIMMING LEVEL ACHIVED | DISTANCE AWARDS (if any) | |
| 7  8  9  10  11 | 200 meters  400 meters  800 meters  1 mile |  |
|  |  |  |
| SHALLOW DIVING CERTIFICATE | YES: | NO: |
|  |  |  |
| NAME OF CURRENT SWIMSCHOOL |  |  |
|  |  |  |
| IF CURRENTLY RECEIVING LESSONS Weekly | Half Hour | One Hour |
|  |  |  |
| NAME OF CURRENT SWIMMING CLUB | ASA No: |  |
| How did you hear about Maldon Sharks Swimming Club |  |  |
| Web - email | Web - club phone |  |
| SWF | Blackwater |  |
| Personal recommendation | Other |  |