



DATE:

NAME:	DATE OF BIRTH:
ADDRESS:	

SWIMMING

HOW MANY TIMES DO YOU SWIM PER WEEK	
WHICH SWIM CLUB ARE YOU IN/ IF ANY?	
WHAT IS YOUR 50M FRONT CRAWL SWIM TIME?	

CYCLING

HOW MANY TIMES PER WEEK DO YOU CYCLE?	
WHICH CYCLE CLUB ARE YOU IN/ IF ANY?	

RUNNING

HOW MANY TIMES PER WEEK DO YOU RUN	
WHICH HARRIERS ARE YOU IN/ IF ANY?	

PARENT NAME:

PARENT EMAIL:

PARENT TELEPHONE NUMBER: