

Dolphin Swim Team

Dennis & Jenny Valentine & Kim Edwards
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QUESTIONNAIRE

ABOUT ME - WHAT I WANT- AGREE TOO

1. Would like to attend Morning Training?

 No Yes

2. My Favourite Stroke is: (number 1 - 4 being 1 as favourite)

<input type="checkbox"/>	Freestyle
<input type="checkbox"/>	Breaststroke

<input type="checkbox"/>	Backstroke
<input type="checkbox"/>	Butterfly

3. My PB (Personal Best) times for (if known):

	25m	50m	100m	200m
Freestyle				
Backstroke				
Breaststroke				
Butterfly				
IM (Individual Medley)				

4. What are my Goals for this season?

5. What are my Goals for the long term in swimming, how far do you want to go?

6. My Parents/Guardian Goals:

7. Would you like to attend Swimming Carnivals in our District?

No

Yes

If yes would you like a Carnival Program emailed to you when available?

No

Yes

8. Would you be interested in attending Training Camps and other competitions out of our Zone?

No

Yes

9. Read the Code of Conduct and will obey to the rules?

No

Yes

10. Agree to the Schedule of Fees and payment arrangement?

No

Yes

11. Other Comments:

Swimmers Name

Parents/Guardian Name

Swimmers Signature

Parents/Guardian Signature

Date

Date

Email Address

Swim Like a Dolphin

