



TAS Aquatic Centre, Progress Road, White Rock, QLD 4868

Postal: PO Box 110E, Earlville, QLD 4870

Telephone **07 4036 4326**

Facsimile **07 4036 3221**

Website: www.tasswimming.com.au

Email: michaelu@tas.qld.edu.au

Dear Prospective Squad Member,

Welcome to TAS Swimming. We have a long and very proud tradition as one of Queensland's leading swimming clubs. Our aim is to be the best possible facilitator for all your swimming needs, combining world class coaching and state of the art facilities in a competitive yet fun environment. To help us achieve this, we ask that you fill out the following form and return it to us. We will then arrange to meet with you to discuss your child's individual needs.

Please return forms to TAS Swimming Club marked Attention: Michael Ursu or email: michaelu@tas.qld.edu.au with any enquiries.

Name:						Male/Female:								
Date of Birth:						Registration No:								
Address:				Suburb:				State:						
Postcode:				Mobile:				Phone:						
Parent/Guardian Contact Information (If under 18 years of age)														
Name:														
Current Address (if different to above)														
Suburb:				State:				Post Code:						
Mobile:				Phone:										
Email:														
Would you like to keep up to date with all the TAS Swimming news via TAS Swimming Newsletters?														
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		

TAS Swimming Cairns - 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: _____

~ TAS Swimming Club information pack provided including squad sheet and other relevant club information.