



Mingara Aquatic Swimming Club

TRIAL SESSION



Personal & Contact Information.

Surname: _____ First name: _____

Email: _____ DOB: _____

Address: _____

Suburb: _____ State: _____ Pcode: _____

Contact #: _____

Emergency Name: _____ Contact #: _____ Relationship: _____

Other information. All questions must be answered.

Medical Conditions/Allergies: _____

Australian Citizen: Yes / No Asthmatic: Yes / No Indigenous member: Yes / No

Member with a Disability: Yes / No Classification (if applicable): _____

Trial Session Date: _____

Mingara Squad information:

Learn to swim Transition Bronze Silver Gold HP

Please refer to the race program & select 3 events by stroke and distance*:

1: _____

2: _____

3: _____

* Distances may be altered at the discretion of the Pointscorer.

Please note: To be able to swim a trial night at Friday Night Swim Club this form must be submitted to our Pointscorer pointscorer@mingaraaquatic.com by 6pm on the Friday evening of racing.