

# Torridgeside Amateur Swimming Club

## Trial Information Sheet (*New Swimmers*)

Child's name & Date of Birth	
Parent/Carer's name	
Address	
Contact number & name	
Email address	
Date of trial & session time	
Any medical information we should be aware of	

This form must be completed prior to the first trial session

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*To be completed by TASC*

Outcome	
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**Torridgeside Amateur Swimming Club**

Affiliated to the Western Counties & Devon ASA

Registered Charity Number: 1103701