

TOWY SALMON SWIMMING CLUB
Affiliated to Halliwick Association of Swimming Therapy

HELPERS APPLICATION

Name

Address

.....

.....

Tel number **Date of birth**

Personal Referee whom the Club may contact

Name

Address

.....

Do you suffer from any illness or disability relevant to Club activities ?

Detail

Swimming experience

Carer experience

I consent to take instructions from the Chief Instructor or appointed assistants in the use of Halliwick methods and holds and agree to abide by the rules of the club

I consent to the Club undertaking a CRB check

Signature of applicant (or guardian if under 18)

Date

Swimming sessions: **Carmarthen Leisure Centre Sundays 4.15-5.45pm**

Secretary : John Hollies. Brixtarw, Laugharne, Carmarthen, SA33 4QP

Tel 01994 427767 email john@pda.org.uk

www.towysalmonswimmingclub.org.uk