

Registration Form													
Location:							Date:						
Swimmer Details													
Forename			Surname			Male			Female			Other	
Date of Birth			Age										
Parent / Guardian Name (If under 16 years)						Mobile							
address inc. postcode						@Email							
Emergency contact						Mobile							
Swim England Level	6	7	8	9	10	Confident	Not Confident		25m				
Swimmer Signature to declare ability						Date:							
Parent / Guardian signature (If under 16 years)						Date:							
Medical Details													
Long Term Medical Conditions	Y/N		Details:										
Asthma or respiratory problems	Y/N		Details:										
Arthritis or any joint problems	Y/N		Details:										
Heart Problems	Y/N		Details:										
Seizures or Neurological problems	Y/N		Details:										
Diabetes	Y/N		Details:										
SEND	Y/N		Details:										
Any other medical:													
By signing below, you are confirming that all details provided are correct, that you agree to abide by all rules of registration, des of conduct and Triton Training and Fin2Fit Policies and Procedures to complete your registration onto a Fin2Fit programme.													
Swimmer Signature Confirming Registration						Date:							
Parent / Guardian Signature (If under 16 years) Confirming Registration						Date:							

Swim Test (Completed by Fin2Fit Instructor)

Floating Front	1	2	3	4	5	6	7	8	9	10	
Floating Back	1	2	3	4	5	6	7	8	9	10	
Rotation Front to Back	1	2	3	4	5	6	7	8	9	10	
Rotation Back to Front	1	2	3	4	5	6	7	8	9	10	
Somersault	1	2	3	4	5	6	7	8	9	10	
Handstand	1	2	3	4	5	6	7	8	9	10	
Treading Water (60sec)	1	2	3	4	5	6	7	8	9	10	
25m Any Stroke (Confident)	Y					N					
15m Dolphin Kick (Confident)	Y					N					
Fin2Fit Level											
	Bronze			Silver				Gold			
Fin2Fit Teacher Signature Confirming Level					Date:						