



JOIN FORM

Full name of child :

Date of Birth :

Male Or Female :

House Name / Number :

Street :

Town :

County :

Post Code :

Parent / Guardian Name :

Email :

Telephone Number :

Current Swimming Level (ie badges, achievements, membership of swimming club):

Please give details of any special needs your child has which may affect them when swimming:

Once completed please email this to headcoach@ludlowsc.org.uk



Email: info@ludlowswimmingclub.org