



## Gloucester City Swimming Club (GCSC) - New Member enquiry



First of all, thank you for your interest in GCSC.

In order to join GCSC, swimmers are invited to attend an assessment session at GL1, Gloucester.

Trials usually take place on a **Sunday**, swimmers trial within an allocated squad to match with their current ability. As a guide, swimmers should be a minimum age of 8 years, swimmers entering GCSC at the first level will swim 3 one hour sessions each week covering a distance of around 1500m each session and should be able to swim a continuous 400m front crawl.

Following the trial, notification will be sent via e-mail as to which squad the swimmer has been allocated a place in. If a swimmer is assessed as not being ready to join the club, the assessing coach will advise on what needs to be worked on, to enable the swimmer to re-trial at a later date.

**Please refer to the club calendar for the next trial date.**

Please complete and email the form below to [membership@gloucestercityswimmingclub.co.uk](mailto:membership@gloucestercityswimmingclub.co.uk) and we will respond with details and confirmation of acceptance for a trial. Please bring the completed & signed form when your child is attending the trial.

**On the trial night, please arrive at the cafe 15 minutes before the session commences. A representative from the club will confirm the entry of your child for the trial.**

Once changed, swimmers should wait by the GCSC notice board, outside the Twyver pool.

In addition to the usual swimwear and towel please bring a swim cap for long hair, goggles for sensitive eyes and drinks bottle. The first session will be treated as an assessment and will be free of charge.

Upon acceptance of a place, all formal paperwork must be completed and returned to the Membership Secretary at the swimmers first training session, this will include joining fee (which includes ASA membership fee for swimmer & 1 parent) and first months training fee. BACS are accepted, confirmation of payment will be required. No swimmer will be permitted to swim if completed documentation not returned.

On behalf of GCSC, we look forward to meeting you.

Andrea Lloyd  
Membership Secretary.



# GCSC New Member Enquiry Form



Affiliated to the ASA, South West Region

## Swimmer Information

Surname:		First Name:	
Middle Initial:	Title:	Male/Female:	Known as:
Date of Birth:			
ASA registration no. (if applicable)			
Email Address:			
Brief Swimming history (awards/clubs)			

## Parent/Carer/Guardian Information

Surname:		First Name:	
Middle Initial:	Title:	Male/Female:	Relationship to swimmer:
Telephone:		Emergency Telephone:	
Email Address:			

## Medical Information

Doctor's Name:	Telephone Number
Details of any Medical conditions (asthma/allergies/conditions including a list of medications etc):	

By signing this form, I agree to abide by the rules of the Gloucester City Swimming Club as defined in the Club Constitution.

Signature of Parent/Carer/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only

Squad Trial	Squad allocation	Start date:	Notification sent of offer
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