**COVID – 19 MEMBERS SURVEY & CONTACT FORM**

To enable us to evaluate ability group numbers and ensure we have correct contact details on each swimmer, could we ask that everyone complete and return the following survey and supply contact details. Please email back to [les.france@ihlmail.org](mailto:les.france@ihlmail.org)

SWIMMERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SWMMERS GROUP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Will you be returning to the Squad once swimming pools reopen?

Yes, as soon as the club sessions restart

Yes, but not immediately

No, I will not be returning

* Please use the comment box below to provide more detail to the above question. For example, please explain why you may not be returning immediately, or why you have chosen not to return at all.

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* Do you have any fears or concerns about returning to the SQUAD?

Yes

No

* If you answered yes to the question above, please give more detail in the comment box below, including what we, as a club, can do to calm those fears.

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* What are you most looking forward to, in terms of returning to the water?

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* What is your preferred method of communication for the club to use?

Email

Text message

Phone calls

Social media posts

Other (please specify in box below)

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**JULY 2020 – SWIMMER CONTACT FORM**

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| --- | --- |
| Swimmers Details | |
| Swimmers Name |  |
| Date of Birth |  |
| ASA Number |  |
| Squad Ability Group |  |
| Community Club |  |

|  |  |
| --- | --- |
| Parent / Guardian Details  *(Does the swimmer reside at this address* ***YES – NO*** *)* | |
| Parent / Guardian Name |  |
| Address |  |
| Post Code |  |
| Contact Phone Number |  |
| Preferred Email |  |

|  |  |
| --- | --- |
| Parent / Guardian Details  *(Does the swimmer reside at this address* ***YES – NO*** *)* | |
| Parent / Guardian Name |  |
| Address  (If different to above) |  |
| Post Code |  |
| Contact Phone Number |  |
| Preferred Email |  |

|  |  |
| --- | --- |
| In Case Of An Emergency Please State An Alternative Contact | |
| Contact Name |  |
| Address |  |
| Post Code |  |
| Contact Phone Number |  |

**If there have been any changes to your medical history that you feel we should be made of since lockdown please notify us below.**

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| **Please state any medical changes since lockdown that may effect your training** |
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**Head Coach**

**Swim Squad/ Wigan BEST**