Return to Training Questionnaire:

Swimmers Name………………………….

* Will you be returning to the club once the pool is open?

[ ]  Yes, as soon as the club sessions restart

[ ]  No, I will not be returning

* Please use the space below to make comment if you have any concerns about your return to the club.

|  |
| --- |
|  |

Please provide an up-to-date email address and phone number

Email …………………………………………………………..

Phone ……………………………………………………………

PLEASE RETURN IMMEDIATELY TO:

 Gill\_hulme@yahoo.co.uk