



# Junior Camp Application Form

**Date:** 12 October 2018 – 7.30am – 5.30pm

**Coach:** Donna Bouzaid

Swimmer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Club: \_\_\_\_\_

- 1 I confirm that my child is a financial member of their club for the 2018/2019 season.
- 2 My child is training \_\_\_\_\_ sessions per week
- 3 His/her coach is \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this Application form by Friday 14 September 2018.

**Post:** Swimming Taranaki  
c/- 14 Rata Street  
New Plymouth

**Scan & email:** [taranakiswimming@gmail.com](mailto:taranakiswimming@gmail.com)

Please do not send any money with this application. Once swimmers have been accepted onto the camp the fees, will be invoiced to your club who will forward one cheque for all swimmers to Swimming Taranaki and then invoice you for your portion.-

**Please complete a separate form for each child in your family wishing to take part in the camp.**

Document Title	Junior Camp consent Form			Uncontrolled when printed	
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