

CAMP CHIKOPI COMPETITIVE SWIMMING QUESTIONNAIRE

Please complete only if you intend to join Chikopi's Optional Competitive Swim Program

Name:							Date Of Birth:				DD/MM/YY	
							e: As at 0					
Coach: _					Preferred Stroke:							
Frees Back Breas	Skill Level Freestyle Back Stroke Breast Stroke Butterfly		Excellent		Good		Fair		Poor			
BEST TIME Free Back Breast Fly I.M. There are morning c but if you notify us in choose fo Please de	lass, an require n the sp r himsel	d aftern your so ace pro f how m	noon Swim n to partic ovided belo nany sessi	n Team P ipate in a ow. If we ions he at	ractice. S MINIMU do not re ttends.	Sometime <mark>M</mark> numbe eceive writ	s, swimn r of Swim ten instru	ners just v n Team Pr uctions, w	vant a bre ractices e re will allo	eak from t each week ow your so	he pool, cyou must	
Signature		Parent	t's Signatu	ıre Requir	ed for Ca	mper to P	articipate	in non-ca	amp even	ts:	Date	

The cost of attending any non-camp Swimming competition is the financial responsibility of the camper, all expenses incurred during the trip will be invoiced to the campers store account.