|  |  |
| --- | --- |
| **Athlete Name** | **Address** |
| Age(Dob) |  Gender:  |
| Athlete E-mail Address | Athlete Mobile Telephone Number |
| 1. Emergency Contact Name  |  1.Contact Mobile Number |
|  |  |

**Performance Times.**

Please provide an estimation of your best times over the following distances

|  |  |
| --- | --- |
| **400m swim time** | **3,000m run time** |
|  |  |

**Medical Matters.**

|  |
| --- |
| Please detail any recent illness/injury/ailment that you feel may affect the assessment. |

|  |
| --- |
| Detail all medication or herbal preparations you are currently taking. Include any brand names or medical names. **Will you require medication during the assessment? Yes/No** |

|  |
| --- |
| Detail any allergies that you have and what the effects are. |

**Other Information.**

|  |
| --- |
| Any other information that you want the coaches to know or consider.  |

I confirm that the information supplied is true & accurate to the best of my knowledge & belief. I am healthy & fit to attend the assessment.

**Athlete Name (Print) Athlete Signature**

**Date**