

## Munster Regional Squads 2016/17

To claim your place, please complete all details below. Forms with the required €50 squad membership fee attached must be submitted for verification before attending squad activities.

Please forward to

**Ms Margaret Fouhy**, Lisnagourneen, Castletownroche, Mallow, Co. Cork.,

### SWIMMERS DETAILS

Name: \_\_\_\_\_ Male / Female

SI Registration Number: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

(Parent or Guardian, if U18) \_\_\_\_\_

Home Contact Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLUB DETAILS:**



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

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

Coach / Club Email: \_\_\_\_\_

**CLAIM DETAILS:**

Qualifying time must have been achieved since **June 1<sup>st</sup> 2016**.

1) Event: \_\_\_\_\_ Time: \_\_\_\_\_

Gala: \_\_\_\_\_

**SQUAD APPLIED FOR:**

Senior / Development

Please outline any medical issues or concerns that may impact on your ability to train.

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**VERIFIED BY (Signatures):**

Swimmer: \_\_\_\_\_

Parent/Guardian

(If swimmer is u/18): \_\_\_\_\_

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

Club Officer / Recorder: \_\_\_\_\_

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

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