



Nenagh Neptune Swimming Club Training Session Report Form

Details of the Training Session. To be completed by Poolside Supervisor and/or Responsible Person

Please complete by end of the training session.

Date & Time of Training Session: ____/____/____ : ____am/pm

Address at which Training Session completed: _____

Names of club members late for training:

Names of club members absent:

Names of club members excused from training:

Names of coaches carrying out training session:

Was there an accident/incident during training session? Yes/No _____

If the accident/incident occurred, complete an accident/incident report form

Accident/incident report form completed and submitted to club secretary? Yes/No _____

Detail any points of note/disciplinary issues/immediate sanctions:

Declaration: *I/We hereby declare that the statements on this form and information provided in addition are true and complete, to the best of my/our knowledge and belief.*

Signature: _____ Print: _____ Date: _____

Signature: _____ Print: _____ Date: _____