



# BIRTLEY AMATEUR SWIMMING CLUB



## MEMBERSHIP APPLICATION FORM

All information **MUST** be entered in **BLOCK CAPITALS**

NAME (in Full): .....

ADDRESS: .....

..... Post Code: .....

*We are required by the ASA Insurance to obtain 2 Contact Phone numbers*

Home/Mobile:..... Mobile: .....

AGE: ..... Date of Birth: .....

*We are now also required by the ASA to obtain 2 Emergency Contact Names and Phone numbers*

*These should be different from the phone numbers you have placed above!!!*

NAME:..... Phone Number: .....

NAME:..... Phone Number: .....

Present swimming capabilities: *(Please indicate if any of the following apply)*

Non-Swimmer:..... Novice swimmer:.....

Local Authority Lessons up to Level: .....

Swimming Instruction Class Achievements up to ..... metres

Has this child an ongoing long term medical condition?  YES  NO

Has this child any form of disability?  YES  NO

*I understand that it is my responsibility as the Parent/Guardian of the above child to ensure that any changes of address or swimming skills after submitting this application form are communicated to a Swimming Club Official. I accept that the Swimming Club will at reasonable intervals and upon request keep me informed of my child's place on the Waiting List.*

*I acknowledge the need to abide by the Club rules and accept responsibility of membership of the Club and all that it entails on behalf of the Named Applicant.*

**NOTE:** The Club confirms that its Members, Instructors and Officials ALL agree to adhere to the Club Code of Conduct at all times.

I understand that in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the Club

Signed as Parent/Guardian on behalf of the Named Person on this Application:

..... Dated: .....

### FOR OFFICIAL USE ONLY:

Applicant invited to attend an 'Assessment Night' on: .....

DATE THE APPLICATION FORM IS RECEIVED BY SWIMMING CLUB: .....

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# Photograph Permission Denied Form

I do not wish any photographs or images of my child to be published on the Birtley Amateur Swimming Club Website.

Club Member	
First Name(s):	Surname:
Date of Birth:	

Parent/Guardian Full Name in CAPITALS

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Signed: .....

Date of Signing                      Date Received by Club

.....

*Please return this COMPLETED Form to the Club Administrator*

The completion of this Form covers all club members from the age of 6 years to 18 years

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