# Application for Membership of LCSC (Page 1/2)

There are three categories of membership of the club:

* **Competitive Member:** Any person interested in participating in competitive swimming activities, subject to an assessment by a Club Coach, the availability of a place in the appropriate squad, and subject to the approval of the Executive Committee. Competitive Members must also be members of Swim Ireland.
* **Non-Competitive Swimming Member:** Those who wish to train but who do not want to compete.
* **Temporary Membership** A person may become a temporary member for the purpose of learning to swim or educational training

Any member wishing to join LCSC should complete the application form in Appendix E and send the completed for to the LCSC secretary. This does not apply to swimmers moving from the Learn to Swim Programme into Development 3 Squad.

The first step in the process after completeing the initial information is to perform a pool test to determine swimming ability. The applicant (or parent/guardian) will be contacted to arrange the pool test (if required). Following a successful pool test, if no objection is raised, then the committee will make a decision regarding membership.

Competitive members wishing to transfer from another club must be in good standing with that club and apply using Appendix E, in accordance with Swim Ireland procedures additional information may be required.

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Applicant\_\_\_\_\_\_\_\_\_

Name of Parent/ Guardian if Applicant is under 18 years old.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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POST CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Category Requested (please tick)

**Competitive Member** □  **Non-Competitive Swimming Member** □ **Temporary Membership** □

# Application for Membership of LCSC (Page 2/2)

**Previous Swimming Experience (if applicable)**

PREVIOUS SWIMMING CLUB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS SWIMMING CLUB CONTACT DETAILS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SWIM IRELAND NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Relevant Swimming Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature/Name of applicant (or parent if under 18 years old):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send completed application forms to** [**secretary@lisburncityswimmingclub.org**](mailto:secretary@lisburncityswimmingclub.org)

**For Internal Use Only**

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pool Test Carried out by: **Head Coach/ Squad Coach**  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pool Test Decision **Accepted / Rejected** Proposed Squad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments on Pool Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Discussed by Executive Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Decision: **Accepted / Rejected**

Comments/ Justification

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Signature of LCSC Executive Member/ Head Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_