

# West Suffolk Swimming Club



Please return to our Membership Officer  
membership@westsuffolkswimming.co.uk

WEST SUFFOLK  
SWIMMING CLUB

Swimmer/s name	
Address	
Town	
County	
Postcode	
DOB	
First adult contact name	
Second adult contact name	
Landline	
Mobile	
Email	
Notes	

**This section is to be completed by a WSSC Coach / Membership Officer:**

Trial Date/s	
Trial Venue	
Date of joining	
Squad / base	
Standing order no.	
Notes	

## Child Photo / Video Consent:

Occasionally we take photographs and video of your swimmer for use in our printed and online publicity (press reports / social media). We would be grateful if you would fill in the below to give us permission to take photos of your child. Please sign below:

Name of Child:

Name of Parent / Guardian:

Signature of Parent / Guardian:

Date:

I also give permission for WSSC to contact me with up to date news on club competitions and social events that take place through the year. TICK HERE: