



Membership Application Form

Name:	School/College (if applicable):		
Address:			
Post Town/City:			
Post Code:	Date of Birth:// Gende	r: Male	Female
Home Phone No:	Members Mobile No (if any):		
E-mail address 1:			
E-mail address 2:	(Optional)		
May we use these e-mails as your primary c	prrespondence address?	Yes	No 🗌
Any disability/ special needs/ medical conditi	ons that we should be aware of? :	Yes	No 🗌
Ethnic origin (self-description):			
Are you currently taking any medication or re (If yes please complete supplementary ASA		Yes	No 🗌
Are you A.S.A. registered? Yes No	ot yet 🔲 If yes, what is your ASA registra	tion number?	
Contact Names and Telephone numbers i	n case of emergency		
Contact 1 : Name	Relationship:		
Mobile Phone:	Work or Home Phone:		
Contact 2 : Name	Relationship:		
Mobile Phone:	Work or Home Phone:		
Declaration: <i>I</i> acknowledge receipt of the rules of (as amended from time to time) shall govern my n upon members as set out in these rules.			
Signed:	(If under 18 must also be signed by a Pa	rent/Guardian) Dat	te://
Signed:	(Parent/Guardian) Date:	//	
The code of conduct, rules and constitution of the application to the Club Secretary. It is a condition confidentiality of this information. Club membershi The club does not disclose personal information to	of membership that medical conditions are disclos p records are held on computer and all such infor	sed. Every applicat mation is covered	nt is assured of the
Use of photographs: If you object to the use of The Club recognises there are significant motivatii time to time publish individual member and/or tear related press release. In all such instances the pul of the swimmers either fully clothed wearing Shive water.	onal benefits achieved by recognition of swimmin n photographs on the club website and newslette blication of such photos will follow the Amateur S	g achievements. A r. These may also wimming Associati	be circulated in relation to a ion's guidelines. Photos will be
Professional Expertise Register: From time to time the club requires guidance/assis legal, financial, promotional, or any sports related please let us know. Area of expertise:	issues. If you are able to volunteer any expertise	nning an amateur s or guidance to the	club on an ad hoc basis
***** PLEASE ATTACH YOUR CHEQUE IN PAY	MENT OF THE MEMBERSHIP FEE AND ALSO	COMPLETE THE	ASA FORMS ****
For Shiverers Swimming Club use only. New Membership No. : Membership Category:	Date Joined:/// ASA Category: Primary Clu	-	/im Level s: