

# Ashton Central Swimming Club



## Membership Application Form

PLEASE USE BLOCK LETTERS

NAME .....

ADDRESS .....

..... POSTCODE .....

TELEPHONE NUMBER .....MOBILE NUMBER.....

EMAIL .....DATE OF BIRTH ..... AGE THIS YEAR .....

(If under 18) Parent Name..... Parent Name.....

Details will be filed on the computer for the sole use of the club. In order to comply with the data protection act this requires your permission. Please sign below to indicate your consent.

There are adult helpers in the water to assist swimmers when appropriate.

Signature .....

IF YOU ARE A MEMBER OF ANOTHER SWIMMING CLUB PLEASE STATE WHICH

.....

**PLEASE INFORM GROUP COACH AND COMPLETE ASA MEDICAL FORM IF ABOVE NAMED HAS ANY DISABILITIES, ILLNESS OR IS RECEIVING ANY REGULAR MEDICATION.**

SWIMMERS / PARENTS OR GUARDIAN(if swimmer is under 18yrs of age)PLEASE READ AND SIGN.

It is understood that the organising authority is under no liability whatsoever in respect of any personal loss or injury which the above applicant may sustain due to his/her participation in the club.

SWIMMER or PARENTS/GUARDIAN (if swimmer under 18 yrs of age)

SIGNATURE ..... DATE .....

Fees become due two weeks after commencement.

Proposed by ..... Seconded by .....

Accepted on behalf of Ashton Central Swimming Club .....  
(Chairperson / Secretary / Treasurer)