

PRESCOT OPEN SWIMMING SQUAD
APPLICATION FOR MEMBERSHIP

NAME

ADDRESS

.....

POST CODE

TEL NO (HOME)

(MOBILE)

E-MAIL

D.O.B. ETHNIC ORIGIN

MALE ☐ FEMALE ☐

NEW MEMBER YES ☐ NO ☐ ASA Membership No

MEDICAL INFORMATION (In the interests of discipline and safety, please let your child's instructor know of any medical conditions we should be aware of and list conditions.)

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Please disclose any disability

Please state Club Membership and confirm your details are correct on the ASA
Membership Database

Club Name.....ASA Database correct YES ☐ NO ☐

TO BE COMPLETED BY PARENT/GUARDIAN OF SWIMMER

NAME D.O.B.....

ADDRESS (if different from above)

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E-mail address

Telephone number (home) (mob)

CONDITIONS OF MEMBERSHIP TO PRESCOT OPEN SWIMMING SQUAD

1. I will inform the Squad Committee immediately of any change in membership of this or any other club/s to which I belong.
2. Monthly membership fees to be paid promptly in full by stipulated date.
3. Lane caps must be worn at all training sessions if your hair is long enough to cover your eyes or mouth.
4. I declare that the above information is correct and that I have read the rules, Code of Conduct of the Squad and agree to abide by them and any decision of the Management Committee.
5. I agree to abide by the Code of Conduct for Prescott Open Swimming Squad

Signature of Swimmer.....

Signature of Parent/Guardian (if swimmer under 16 yrs)

FOR OFFICIAL USE ONLY

MEMBERSHIP NO

DATE RECEIVED

MEMBERSHIP CATEGORY

☐ A Squad

☐ B Squad

☐ C Squad

ASA Cat

☐ 1

☐ 2

☐ 3

☐ N/A

Fee Due

Date paidcash/cheque

Signed