

BLACKPOOL AQUATICS ASC

MEMBERSHIP APPLICATION FORM 2016

ASA No (If known)

Surname Forenames

Date Of Birth / / Gender Male / Female Ethnic Origin

Address
Town Post Code

Tel No Mobile

E Mail

Membership Category

Swimming	Bi/Tri	Teacher	Coach	Official	Parent	Life Member	Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declarable Medication

Allergies

Disabled Category

Emergency Contacts

Name
Address
Relationship Contact Tel No 1 Contact Tel No 2

I ACKNOWLEDGE I HAVE READ AND CONFIRM ACCEPTANCE OF THE RULES OF THE CLUB. IF I AM SIGNING ON BEHALF OF A SWIMMER UNDER 18, I AGREE TO ENSURE THEY UNDERSTAND AND ABIDE BY THE CLUB RULES

Signed _____

Date _____

Signed _____

Date _____

Parent/Carer(if under 18 years)

Blackpool Aquatics use video equipment as a training aid. If you have any objections to your child being filmed during a training session or photographed for publicity purposes, please tick the opt out box and inform the Welfare Officer and/or committee to your objection

Opt Out

Blackpool Aquatics will use your personal data for the purpose of your involvement in the swimming club and I understand that by submitting this form I am consenting to receiving information about the club and its activities by post, e mail, SMS/MMS, online or phone unless stated otherwise.