



Worthing Swimming Club

Membership Application Form

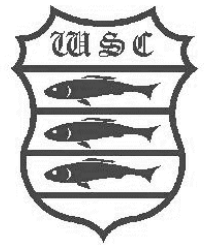
Please print Membership Application Form, fill in and either:-

- Scan and send to memberships@worthingswimmingclub.org
- Post to R. Drage, 6 Shandon Gardens, Worthing, BN14 9EJ.
- Hand in to Rob Drage or Peter McCallum on a Club night at the Aquarena – Tuesday or Thursday, 6.30pm to 8.30pm.
- Hand in to the Aquarena reception, in an envelope, marked for the attention of Rob Drage.

Any queries, please contact Rob Drage on 01903 212446

Worthing Swimming Club

Affiliated to A.S.A South East Region



Application form to join Worthing Swimming Club

Please note - Worthing Swimming Club is registered under the Data Protection Act 1984.

1. Surname _____ Male / Female* (* delete as appropriate.)
Forenames _____
2. Address _____
_____ Post code _____
3. Tel(1): _____ 4. Tel(2): _____ 5. Date of Birth _____
6. Fax: _____ 7. Ethnic Origin: _____ (Self-Description)
8. Email address _____
9. Additional parent/carer contact in case of emergency: Name: _____ Relationship: _____
Address _____
Tel No 1: _____ Tel No 2: _____
10. Can the applicant swim? On front Yes / No* On Back Yes / No*
11. If yes, please give strokes and longest distances achieved. _____ metres.
(If you have any times for any stroke/distance, please attach to form)
12. Is the applicant now or has been a member of any swimming club? Yes / No*
(If yes, please give details and if registered with A.S.A., the registration number)
Club _____ A.S.A No: _____
13. Has the applicant another family member belonging to Worthing Swimming Club? Yes / No*
14. Does applicant have any medical conditions? : Hay fever, Asthma, Epilepsy, Diabetes, Giddy Spells, Heart or Others.
(If yes, please specify. This information is ONLY required to ensure, as far as possible, the safety of the applicant)
Yes / No* _____ Disability Category (If Applicable) _____
15. Declaration (Please read carefully)

I wish my son/daughter _____ to be allowed to take part in all club activities. I further consent to any emergency medical treatment necessary during the course of any authorised club activity. I understand it is the responsibility of the parent/guardian to ensure that any necessary medication relating to the above stated conditions is made available and that any club official is NOT permitted to administer any drugs/medication. I understand that whilst team managers and assistants in charge of teams will take all reasonable care of children, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter whilst travelling to or from, or taking part in any club activities.

16. Signed _____ Parent/Guardian Date _____
(Applicant may sign if over 16 years old)
Full name of parent/guardian _____
Address _____
(if different from above)