



Membership Form - Page 1 of 2

Title		ASA Number (if known)	
First Name		Middle Name	
Surname		Known As	
Date Of Birth			
Gender		Nationality	
Any Medical Conditions: It is the Swimmers / Parents or Guardians responsibility to fully disclose medical conditions and update those details should there be any changes. The club will not be held responsible if medical conditions are not disclosed or updated.			
Membership Category	Club Training	Club Compete	Club Support
Address			
Postcode			
Email Address			
Phone Number		Mobile Number	





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Emergency Contact 1		Emergency Contact 2	
Name		Name	
Phone Number		Phone Number	
Relationship		Relationship	

Acknowledgement			
<p>I Acknowledge receipt of the rules of Rochford and District Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the club. I further acknowledge and accept the responsibilities of membership upon members as set up in these rules. If the member is under 18 years of age this form must be countersigned by a parent or guardian.</p> <p>The information provided on this form will be used to create a membership with Swim England, information on how they use your information is attached, Rochford and District Swimming Club will only use your information for maintaining records, responding to enquiries from yourself, administering events in which you may be participating and contact you about swimming events and opportunities. Information will not be shared with any outside organisation without your prior consent.</p>			
Member Signature		Date	
Parent / Guardian Signature		Date	

