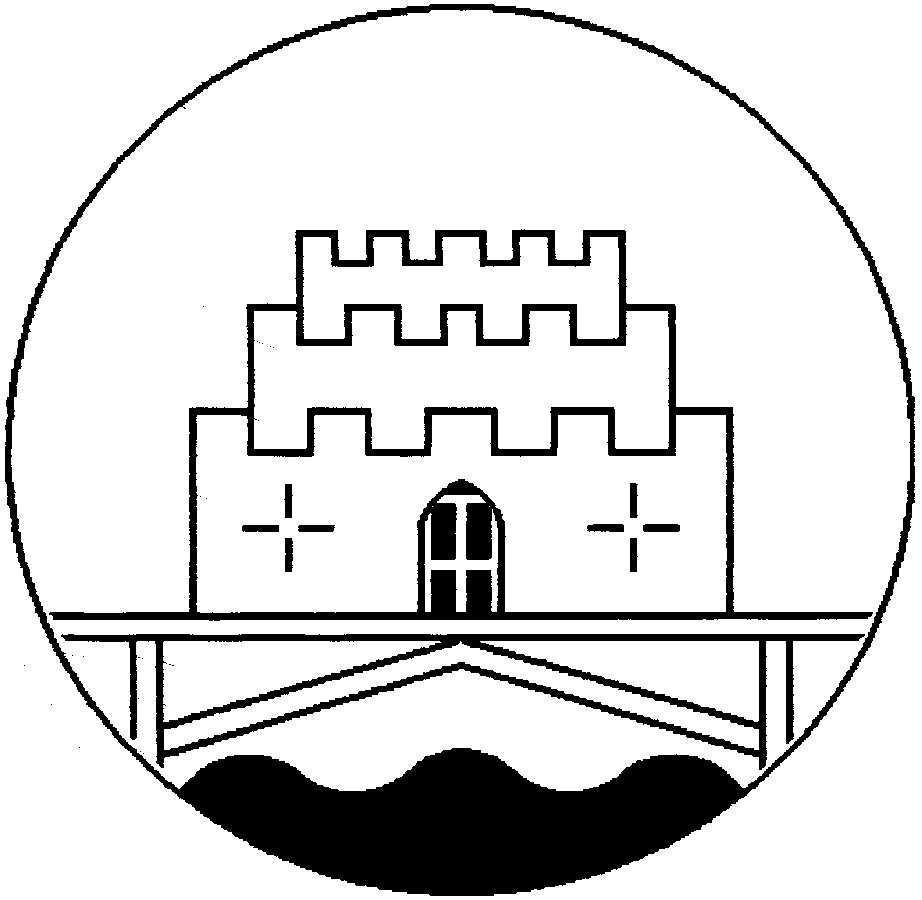
BRIDGWATER AMATEUR SWIMMING CLUB

**MEMBERSHIP APPLICATION FORM 2018**

|  |  |  |
| --- | --- | --- |
| **Surname:** | **First Names:** | |
| **Date of Birth:** | **Gender: M / F** | |
| **Parent’s Name (if under 18):** | | |
| **E mail address:** | | |
| **Telephone no:** | | **2nd emergency contact name and telephone number** |
| **Address:**  **Postcode:** | | |
| Health: Please give details of any Health Problems or Disabilities: e.g. Asthma, hearing, eye sight or any other disability. Disabled Category: | | |
| **Swimming Ability:** Please tell us here whether your child is a beginner or if they have passed any swimming certificates/completed lessons. | | |

**Data Protection:**

The information given above will be kept on computer and in paper format for BASC administration purposes and those governing bodies associated with the Club.

**Photographs:**

I am happy for photographs of me or my child to be used for promotional purposes on the club website, Facebook site and press releases.

**Club rules and Codes of Conduct:**

*I acknowledge receipt of the rules of the club and codes of conduct 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 out in these rules.*

Signed: ………………………………………………… Date: ……………………………

(Signature of Parent if member under 18)

**Which of the club programmes are you interested in? (please delete as appropriate)**

**Learn to swim / Competitive swimming / Fitness swimming**

Please return completed forms to: Katy Coate, 1 Stowey Cottages, St Marys Street, Nether Stowey, TA5 1LJ

By email: kcoate@btinternet.com

Or by hand: to a committee member