



**Membership 2009**

# Redditch Swimming Club - Adult

Please read both sides of this form carefully and complete **ALL SECTIONS** before signing and returning it to the Treasurer. Incomplete forms cannot be accepted. Club Membership includes ASA Registration Fee.

## Adult Member's Details (please use CAPITAL LETTERS)

Surname																				
First Name & Other Names																				
D o B (dd/mm/yyyy)			/			/												Circle Gender	<b>M</b>	<b>F</b>
Address																				
E-Mail																				
Tel No.																				
Mobile																				
										Membership & ASA Cat1 (circle one)	<b>£23</b>	Non Swimmer & ASA Cat3 or other)	<b>£5</b>							
Membership of other ASA affiliated clubs >																				

GROUP DETAILS .....TICK ONE BOX ➔	M'ship Fees due 1/1/09	Monthly Fee
Adult – 3 mornings <input type="checkbox"/>	<b>£23.00</b>	<b>£17.00</b>
Adult – Sundays ONLY <input type="checkbox"/>	<b>£23.00</b>	<b>£13.00</b>
Adult Mornings & Sundays <input type="checkbox"/>	<b>£23.00</b>	<b>£25.00</b>
Adult – Wed at Kingsley <input type="checkbox"/>	<b>£23.00</b>	<b>£3.00 per week</b>
Non Swimming Member <input type="checkbox"/>	<b>£5.00</b>	n/a

The fees are payable at the beginning of each month, and take into account seasonal closures, club championships and family vacations. The preferred method for payment is by standing order. Please speak to the treasurer for further details.

Non-swimming membership entitles the holder to vote at an Annual General Meeting of the Club, and to voice their opinion as to the organisation of the Club. Club Administrators, helpers, coaches, teachers, all Committee members and County and District officials must be paid-up members of the Club. Any member wishing to leave the club will be liable for normal fees up to the effective date of their resignation. Please inform the Treasurer of any change of address or telephone number during the year.

## Emergency Contact Details.....

	1 <sup>st</sup> CONTACT										and 2 <sup>nd</sup> CONTACT									
Surname																				
First Name																				
Address																				
Post Code																				
Relationship																				
Tel. No.																				
Mobile No.																				

..... PTO

**Declarable Medication, Allergies and Disability Details**

All information is in strict confidence. Failure to inform the club of these details means that the swimmer may not be covered by the club’s insurance, and may not receive the help they need to ensure their safety and success in the water.

**It is important that the person in charge of the session is informed of current medical problems that are likely to affect the safety of any swimmer.**

Please list below any medical conditions, relating to the swimmer overleaf, which might affect their safety in the water. **If none please write “NONE” in the space below.**

.....

.....

.....

.....

I have no objection to these details being recorded on a database capable of being processed automatically. I agree to abide by the Redditch Swimming Club Constitution and Swimmer’s Code of Conduct.

Signature: ..... Swimmer

Signature: ..... Parent/Carer (if swimmer is under 18 years)

Date: .....