

**APPELMORE & WATERSIDE SWIMMING CLUB
MEMBERSHIP FORM**



**PLEASE TELL US OF ANY CHANGES TO YOUR PERSONAL
DETAILS BELOW SO WE CAN UPDATE OUR RECORDS**

NAME/S OF CHILD.....Date of Birth.....

CHILD.....Date of Birth.....

PARENT/GUARDIAN NAME.....

MAIN ADDRESS.....
.....

POST CODE.....

TELEPHONE NUMBERS

HOME

EMERGENCY

MOBILE

EMAIL ADDRESS.....

THIS WILL BE FOR CLUB USE ONLY

IMPORTANT

BRIEF DETAILS OF ANY MEDICAL CONDITIONS (PHYSICAL AND NON PHYSICAL) THAT
MAY AFFECT YOUR CHILD AT SWIMMING:

DOCTOR'S PRACTICE:

CHILD'S DOCTOR:

TELEPHONE NUMBER:

CONTINUE OVERLEAF

**APPELMORE & WATERSIDE SWIMMING CLUB
MEMBERSHIP FORM**



PLEASE READ AND SIGN BELOW.

I AGREE THAT THE DETAILS OVERLEAF ARE CORRECT.

I AGREE TO INFORM THE CLUB OF ANY CHANGES TO MY DETAILS.

PARENT/GUARDIAN.....

SIGNED..... DATE.....

CODE OF CONDUCT

I CONFIRM THAT I HAVE READ AND AGREE WITH THE AWSC CODE OF CODUCT.

(PARENT TO SIGN ONLY IF THE CHILD IS UNDER 12YRS)

PARENT/GUARDIAN.....

SIGNED..... DATE.....

CHILD'S SIGNATURE..... DATE.....
(OVER 12'S TO SIGN HERE)

PLEASE RETURN COMPLETED FORM TO THE SWIMMING CLUB