

**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

**APPLEMORE & 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 OR  
RETURN ADDRESS

MR G CLEMENTS  
10 SHOREFEILD ROAD,  
MARCHWOOD,  
SOUTHAMPTON,  
HANTS,  
SO404SR