

ENDERBY SWIMMING CLUB



MEMBERSHIP APPLICATION FORM 2008

Name:		Sex:	Male / Female
Date of Birth:		Date of Application:	
Ethnic Description:		Date of Acceptance:	
Category of Membership	Start Date	Address:	
Category 5 – Waiting	Post Code: Home Phone: Mobile 1: Mobile 2: Swimmer email : Parent email:	
Category 4 – Triallist		
Category 3 – Coach/Helper/Official		
Category 2 - Over 9 at 31/12		
Category 1 - Under 9 at 31/12		
Contact in case of emergency		Disabilities:	
Name:		Allergies:	
Address:		Illnesses:	
Phone no:		Declarable Medication:	
Relationship:		ASA registered:	
Membership fee paid: Amount and date		ASA registered:	
Doctor Name	Address	<i>I acknowledge receipt of the rules of Enderby Swimming Club as published on the website enderbysc.org 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.</i>	
Tel. No.			
Signed Swimmer		Date	
Signed Parent/Carer(if swimmer under 18 years)		Date	
Would you be prepared to become a volunteer helper <input type="checkbox"/> Yes / <input type="checkbox"/> No			
Please return to Club / Membership Secretary Name: Stephen Penrice Address: 61 Alyssum Way, Narborough, LE19 3WP Tel No: 07711559146 email chairman@enderbysc.org			