

Rothwell Amateur Swimming Club

Membership Information Sheet

Members full name		Date of birth	
Address:			
Phone landline		Mobile	
Email address		Happy to receive information by email	Yes/no

Full name of first contact	
Phone landline	
Mobile	
Relationship to member	

Full name of second contact	
Phone landline	
Mobile	
Relationship to member	

Name of GP	
Surgery address:	

Please use the space below to tell us about any medical condition or other information that you feel the club should know about. Please include details about any learning difficulties, impaired hearing or sight or any disabilities.

Does the member need help to dress and undress:	yes/no
---	--------

I..... on behalf of.....acknowledge that I have received a copy of the rules of Rothwell Amateur Swimming Club, Code of Conduct for Parents, Code of Conduct for Swimmers, Equality and Diversity Policy, Privacy Policy and Safeguarding Policy 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 responsibilities of membership upon members as set out in these rules.

Signed.....(member) Date.....

Signed.....(Parent or guardian if member is under 18) Date.....