

CITY OF LINCOLN PENTAQUA SWIMMING CLUB

APPLICATION FOR MEMBERSHIP

The information entered on this form will be treated in confidence by CLP and will be used solely for the purpose of the Club. We may use the information you disclose for registration, entry and statistical purposes requested by the ASA but we will not otherwise disclose it to any third party without your permission

First Name		Surname		
Membership Category	Swimmer/Volunteer	Male/Female		
Date of Birth		Date Joined CLP		
Home Address				
		E-Mail		
Telephone No		Mobile		
Next of Kin details	Name	Relationship	Phone No	Mobile No
Other contact non Family	Name	Relationship	Phone No	Mobile No
Are you a member of another Swimming Club?		Yes/No		
If Yes Club details				
Please detail any medical or other conditions that the club need to be aware of				
If a condition you reveal here involves medication, ensure that you understand the ASA code relating medication and complete an ASA medical declaration, where required, on an annual basis. All conditions will be dealt with on a strictly confidential basis				
Are there any Disabilities that CLP should be aware of?		Yes/No	If yes complete a separate Disability form	
<p>DECLARATION OF MEMBER/GUARDIAN</p> <p>I apply/I apply on behalf* of the Swimmer above for the membership of City of Lincoln Pentaqua Swimming Club (CLP). I acknowledge receipt of the rules of CLP and confirm my understanding and acceptance of such rules (as amended from time to time) shall govern my membership of CLP.</p> <p>I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.</p> <p>I have received and agreed to CLP's code of conduct.</p> <p>The above declarations are correct as to the best of my knowledge.</p>				
Signed.....		Swimmer/Parent/Guardian		
Dated.....		*please delete as appropriate		

Memb No	ASA Form	Medical Form	DDR	Group