

St Paul's Barnes Swimming Club

St Paul's School, Lonsdale Road, Barnes, London SW13 9JT

Affiliated to the ASA, London Region ASA and Surrey County Water Polo and Swimming Association

MEMBERSHIP APPLICATION FORM

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|--|--------|----------------------|--|
| Surname: | | First Name: | |
| Middle Initial: | Title: | Known as: | |
| ASA Member ID (if registered): | | Date of Birth: | |
| Address: | | Home Telephone: | |
| | | Work Telephone: | |
| | | Mobile Telephone: | |
| Postcode: | | Emergency Telephone: | |
| Email Address: | | | |
| School/College/University Name and Address: | | | |
| Allergies, Disabilities or Medical Conditions: | | | |
| Name of parent/guardian who will become a member of the Club if swimmer is under 16 years old: | | | |

- I confirm receipt of the constitution and rules of St Paul's Barnes Swimming Club 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 as set out in these rules.
- I authorise SPBSC to pursue from my existing swimming club such information as required by the SPBSC in pursuit of club activities

Signed: _____ Date: _____

Existing Club Name: _____

Countersigned by parent/guardian if member is less than 18 years old:

Signed: _____ Date: _____

Membership of St Paul's Barnes Swimming Club approved by the Membership Secretary:

Signed: _____ Date: _____