MASTERS EALING SWIMMING CLUB MEMBERSHIP FORM - Non Competitive

House/Club/Section..... New Member (Y/N) ☐ Membership No..... Ethnicity.....

Family name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ TITLE (Mr/Mrs/Ms) ☐

First name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Second name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ GENDER (M/F) ☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Post code ☐☐☐☐ ☐☐☐ Tel ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of birth ☐☐ / ☐☐ / ☐☐☐☐

Telephone ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mobile ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

School ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Parent occupation ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I acknowledge receipt of the rules of Ealing 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 upon members as set out in these rules.

Signed: Applicant ..... Today's Date ☐☐ / ☐☐ / ☐☐☐☐ Standing Order (Y/N) ☐

Parent ..... (Required if applicant is under 16yrs) ESC Membership Fee Paid £_____

Monthly/Squad.Swim Fee on joining £_____

The Parent or Guardian countersigning has a vote at ESC General Meetings ASA Registration fee, if applicable £_____

General Meetings ESC Swimming Group ..... Class H S M R L Total £_____

H = House, S = Squad, M = Master, R = Recreation/Helper/Non Swimmer, L = Life Member

☐ Tick here if applicant suffers from any kind of medical condition (i.e. Asthma, Diabetes, Epilepsy etc.), and inform Teacher/Coach Please ask for a Medication Declaration Form when applying for ASA registration. For all information go to www.ealingsc.org