

LICHFIELD SWIMMING CLUB

**SWIMMER'S DETAILS**

THIS FORM NEEDS TO BE COMPLETED IN FULL IN ORDER FOR CLUB RECORDS AND ASA REGISTRATION TO BE PROGRESSED

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_ (OPTIONAL)

COUNTRY OF REPRESENTATION: \_\_\_\_\_

**PARENT/CARER DETAILS – EMERGENCY CONTACTS**

**EMERGENCY CONTACT 1:**

PARENT/CARER/: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO SWIMMER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT 2:**

PARENT/CARER/ADDITIONAL CONTACT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO SWIMMER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Signed \_\_\_\_\_ Parent/Carer

Date \_\_\_\_\_

