

LICHFIELD SWIMMING CLUB

SWIMMER'S DETAILS

THIS FORM NEEDS TO BE COMPLETE PROGRESSED	ED IN FULL IN ORDER FOR CLUB RECORDS AN	D ASA REGISTRATION TO BE
SURNAME:		
FIRST NAME:		
	ETHNICITY:	
COUNTRY OF REPRESENTATION:		
PARENT/CARER DETAILS – EMERGE	NCY CONTACTS	
EMERGENCY CONTACT 1:		
PARENT/CARER/:		
DATE OF BIRTH:		
RELATIONSHIP TO SWIMMER:		
TELEPHONE:	MOBILE:	
EMAIL:		
EMERGENCY CONTACT 2:		
PARENT/CARER/ADDITIONAL CONT/	ACT:	
DATE OF BIRTH:		
RELATIONSHIP TO SWIMMER:		
TELEPHONE:	MOBILE:	
EMAIL:		
Signed		_Parent/Carer
Date		_

Please complete and submit the attached forms:				
	The medical form			
	Photography Consent/Refusal form			
	The Swimmer's Code of Cond	uct and Parents Code of Conduct		
I confirm that I have read, and agree to abide by the code of conduct and the club policies.				
Signatu	re	(Parent/Guardian)	Date	
Signatu	re	(Swimmer)	Date	

All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need to know basis. If at any time any of the above details change please contact the membership secretary.