

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

Surname:		First Name:	
Middle Initial:	Title:	Male/Female:	Known as:
Address:		Date of Birth:	
		Home Telephone:	
		Mobile Telephone:	
Postcode:	Emergency Telephone:		
Email Address:			
School/College/University:		Family members swimming at BSC (name & squad):	
ASA Member ID (if registered):		Existing swimming club membership (if applicable):	
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 accept that payment must be received before I/the swimmer enters the water and fees are due monthly regardless of how often they swim.*
- *I will ensure that all fees and increases are paid by standing order on the due date and if there is a lapse in payment I/the swimmer may be suspended from training until such outstanding fees are reimbursed to the club.*
- *I accept all the terms stated in this form, other policy documents including Code of Conducts and the Club Constitution including this statement as set out below:*
I acknowledge receipt of the rules of 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 upon members as set out in these rules.

Signed: _____ Date: _____

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

Signed: _____ Date: _____

BSC Committee Member in receipt of this form:

Signed: _____ Date: _____