

STROUD MASTERS SWIMMING CLUB

"A friendly adult swimming club for all things swimming"



www.stroudmasters.org

Membership Form 2019

Full Name:	Date of Birth:
Address:	Tel Number:
	Mobile No:
E-mail address:	
Next of Kin: Contact number:	Relationship:
Emergency Contact Name: Contact number:	
ASA Registration Number (if known): ASA Category: Cat. 1. (non-competitive) <input type="checkbox"/> , Cat 2. (competitive) <input type="checkbox"/> , Cat 3. (volunteer) <input type="checkbox"/> Please tick the most relevant box.	
Are there any medical, medication or disabilities that you should inform us of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please detail:	
Are you a member of any another swimming club? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name of club(s):	
Will Stroud Masters Swimming Club be your 'First Claim' club? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>1) I certify that I am physically fit and able to participate fully in Stroud Masters Swimming Club training sessions and have not been advised otherwise by a medical advisor, and,</p> <p>2) I have declared all medical conditions/medication/disabilities, and,</p> <p>3) I can swim 25 to 50 metres unaided.</p> <p>4) I have read the rules of Stroud Masters 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.</p> <p>Please present completed application form, together with the annual membership payment of £45 to the Treasurer or Membership Secretary.</p> <p>Swimmers who have paid their ASA membership through another club, will receive a discount as detailed in our Constitution.</p>	
SIGNED:	DATE:

Details of our sessions can be found at stroudmasters.org/training/sessions.

Official Use only

Membership form completed and signed by applicant: <input type="checkbox"/>		Membership accepted and new member added in OMS: <input type="checkbox"/>	
Date:	Sum paid:	Committee member (print name)	Signed: