

# STROUD MASTERS SWIMMING CLUB

"A friendly adult swimming club for all things swimming"



[www.stroudmasters.org](http://www.stroudmasters.org)

## Membership Form 2020

<b>Full Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Tel Number:</b>
	<b>Mobile No:</b>
<b>E-mail address:</b>	
<b>Next of Kin:</b> Contact number:	<b>Relationship:</b>
<b>Emergency Contact Name:</b> Contact number:	
<b>ASA Registration Number (if known):</b> <b>ASA Category:</b> 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.	
<b>Are there any medical, medication or disabilities that you should inform us of?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please detail:	
<b>Are you a member of any another swimming club?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name of club(s):	
<b>Will Stroud Masters Swimming Club be your 'First Claim' club?</b> 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 <a href="#">rules</a> 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>	
<b>SIGNED:</b>	<b>DATE:</b>

Details of our sessions can be found at [stroudmasters.org/training/sessions](http://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: