

STROUD MASTERS SWIMMING CLUB

“Swimming in the five valleys”



www.stroudmasters.org

Membership Form/Prospective Member Membership Form 2025

Full Name:	Date of Birth:
Address:	Contact Number:
	Mobile Number (if different to Contact Number)
E-mail address:	
Next of Kin: Relationship:	
Contact number:	
Emergency Contact Name:	
Contact number:	
Where possible please provide a 2 nd point of contact details	
British Swimming Registration Number (if known):	
British Swimming Category: Train* <input type="checkbox"/> , Compete <input type="checkbox"/> , Support <input type="checkbox"/> Please tick the most relevant box. <small>*Allows you do complete in level 4 licenced meets (typically smaller 'local' meets), but not in level 1-3 licenced meets.</small>	
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 an Aquatics GB, Swim England, Scottish Swimming or Swim Wales swimming club? Yes <input type="checkbox"/> No <input type="checkbox"/> . If Yes, name of club(s):	
If approved to be a member, will Stroud Masters Swimming Club be your 'First Claim' club? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are applying to be a new member of Stroud Masters, how did you hear about us? (tick all that apply) Our website <input type="checkbox"/> / Our noticeboard <input type="checkbox"/> / Facebook <input type="checkbox"/> / Newspaper article <input type="checkbox"/> / Other	
<ol style="list-style-type: none"> 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, 2) I have declared all medical conditions/medication/disabilities, and, 3) I can swim frontcrawl and at least one other stroke, and, 4) I can swim '8 x 100 metres off 3 ½ minute repeats (e.g. swim for 2 minutes, 45 seconds, take 45 seconds rest, and repeat this eight times, and, 5) I acknowledge receipt of the <u>rules</u> 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. 6) If approved for membership, I further acknowledge and accept the responsibilities of membership upon members as set out in these <u>rules</u>. 	
If applying for club membership please tick here <input type="checkbox"/> , and present completed application form, together with the annual membership payment of £50 to the Treasurer or Membership Secretary.	
If you are a prospective member, please tick here <input type="checkbox"/> . Subject to any waiting list restrictions, if you subsequently decide you wish to proceed and become a paid-up member of our club, we just need you to pay the annual membership of £50.	
If you are a member of Aquatics GB, Swim England, Scottish Swimming or Swim Wales, you will receive a discount as detailed in our <u>Constitution</u> .	
SIGNED:	DATE:

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

Official use only		Membership form completed and signed by renewing / prospective member: <input type="checkbox"/>	
Membership accepted <input type="checkbox"/>		Membership payment received: <input type="checkbox"/>	
Renewing member / new member added in OMS: <input type="checkbox"/>			
Date:	Sum paid:	Committee member (print name)	Signed: