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AMATEUR SWIMMING ASSOCIATION MULTI-CLUB REGISTRATION FORM

(This includes registration with British Swimming)



FORM TO BE COMPLETED USING BLACK INK AND BLOCK CAPITALS (* MANDATORY) Member ID *D.O.B. (if known) *Title *Forename Mid Init Known as *Surname *House / *House Name Flat Number *Address 1 Address 2 Address 3 Post Town *Post Code *Tel e-mail *Gender Address Type O Male O Female O Home O Other *Country Of International Representation O England O Scotland O Wales O Other (Please Specify) *Disciplines (indicate all) 0 W Polo Open Water 0 Swimming O Masters W Polo O Masters Synchro O Masters Diving O Masters Open Water O Masters Swim Disability Details Please tick nature(s) of disability O Ambulant O Wheelchair O Visual O Hearing O Learning (See guidelines for codes) Ethnicity Code I confirm that I am a competitive member of the clubs listed below. I confirm that I will submit myself to official Doping Control at any time when requested. I agree to abide by the rules of the ASA and British Swimming. I consent to the use of my personal information for the purposes and terms set out overleaf. *SIGNATURE OF CLUB MEMBER*DATE Dual Rank Club Club Secretary CLUB CODE Date of Joining Recognition Signature (Mark 2) (Mark 1) (See guidelines) O Dual Rec O Rank Club O Dual Rec O Rank Club O Dual Rec O Rank Club For further information on how to complete this form please refer to the British Swimming Website, www.britishswimming.org THE SECTION BELOW MUST BE SIGNED BY THE PARENT/GUARDIAN OF ANY MEMBER UNDER THE AGE OF 18 YEARS. As the parent or person in loco-parentis of the swimmer named above, I certify that the personal details are correct. I agree to him/her; if selected, submitting to the official Doping Control at any time when requested and him/her abiding by the rules of the ASA and British Swimming. I also agree to release his/her personal and other details for the purposes overleaf.

Signed

Date