



<b>MEMBERSHIP APPLICATION</b>	
<b>SWIMMERS DETAILS</b>	
Swimmers Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	Email:
Current address:	
	Postcode:
<b>CONTACT INFORMATION 1.</b>	
Name of Parent / Guardian / Emergency Contact 1:	
Telephone:	Mobile:
E-mail:	
<b>CONTACT INFORMATION 2.</b>	
Name of Parent / Guardian / Emergency Contact 2:	
Telephone:	Mobile:
E-mail:	
Does the swimmer have any disability or medical condition that might affect their swimming?	
	YES / NO
If YES please provide details:	
Previous Swimming Clubs attended:	
From time to time we may wish to photograph swimmers at galas or for promotional or training purposes.	
<b>I consent</b> (Parent/Guardian) <b>consent / do not</b> <b>to the photographing of</b> (Swimmers Name)	
I accept the responsibility of my child's behaviour during sessions in line with the club rules available on the club website. The information given here will only be retained if you sign the agreement below. I agree to let Carn Brea Helston Swimming Club (CBHSC) hold the supplied data on the clubs database.	
I also confirm I have read and understood the attached terms and conditions and by signing this form I agree to those terms.	
Signed (Parent/Guardian or Swimmer if over 18)	
<b>Please Note: Fees are non-refundable</b>	
Completed form received by:	Date:
Group Attending:	