

Bathgate Amateur Swimming Club



MEMBERSHIP APPLICATION

Swimmer's Forename	Middle Initial	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode	Date of Birth
<input type="text"/>	<input type="text"/>

Name of Parent Contact

Home Telephone	Mobile Phone for Parent Contact
<input type="text"/>	<input type="text"/>

Email address

Parent Signature (if under 18)	Date
<input type="text"/>	<input type="text"/>

Medical Information

Additional Emergency Contact	Phone Number
<input type="text"/>	<input type="text"/>

Doctor's Name	Phone Number
<input type="text"/>	<input type="text"/>

Doctor's Address

Do you suffer from any medical condition that could affect your training?

Y/N

If Yes, please specify:

Do you take any regular medication?

Y/N

If Yes, please specify:

Parent: I agree to my child receiving medical treatment in case of emergency

Y/N

BASC Squad Assignment and Movement Details

To be completed at Start and every Squad move

Name of Swimmer DOB

Date of Initial Trial SIGNATURES

START at SQUAD:	Agreed Date	COACH	PARENT agrees to pay current fees for new squad from date	TREASURER added change to club payment schedule
TADPOLES				
DEVELOPMENT				
JUNIOR A SQUAD				
TOP A SQUAD				
FITNESS SQUAD				
Finished Swimming at BASC				

Swimmers or their Parents are requested to inform Coach or Treasurer in writing on leaving the club to ensure that further fees are not charged

Parent Declaration

To be completed at Start and on annual renewal

1. I agree to pay the current 4-weekly fees as published, either by:
 - a) Standing Order (preferred method – please obtain form from Assistant Treasurer)
 - b) Cash/Cheque at start of each 4- week period
2. I agree to pay the annual Club, District and SASA membership promptly in March each year.
3. I agree to pay entry fees for competitions promptly when the Notice of Acceptance for each meet appears on the Noticeboard.
4. I am happy for child to be photographed for club trophy cabinet or newsletter or local newspaper.
Parent – please delete if required

Name of parent Date

Signature of parent

I would like to help the club in the following ways – please tick all that apply:

Poolside Helping

Teaching/ Coaching

Technical Official e.g. Timekeeper

Fundraising Committee

Training will be provided

Thank you – a committee member will be in touch

PLEASE RETURN THIS FORM TO BASC MEMBERSHIP SECRETARY OR ANY COACH