

Sedgefield 75 Swimming Club

Membership Application Form



Name:	Date of Birth: / /
Address:	Emergency Contact Telephone numbers 1. 2.
Telephone number: Mobile number: E-mail:	
Medical Information	
Does your child take medication on a regular basis	YES/NO If yes please fill in an ASA mediation declaration form.
Allergies:	
Club information	
Squad:	
ASA Registration Category: One (non competitive – pink form) Two (competitive – blue form)	ASA Registration number:
<i>I hereby consent to any emergency treatment being given in my absence, whilst my child is representing Sedgefield 75 Swimming Club. I will also accept responsibility to inform the Club if there are any changes to the above information.</i>	
Signed: _____	Parent/carer (if under 18 years)
Date: _____	