

# Sedgefield 75 Swimming Club

## Membership Application Form



Name:	Date of Birth:     /     /
Address:	Emergency Contact Telephone numbers  1.  2.
Telephone number:  Mobile number:  E-mail:	
<b>Medical Information</b>	
Does your child take medication on a regular basis	YES/NO  If yes please fill in an ASA mediation declaration form.
Allergies:	
<b>Club information</b>	
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: _____	