

Cheltenham Swimming & Water Polo Club

APPLICATION FOR MEMBERSHIP

Please return to : **Club Post Box, Foyer, Leisure @ Cheltenham or to the Help Desk if available**

PLEASE PRINT:

NAME: DATE OF BIRTH:(Parent DoB also needed for ASA)

Address: If over 16 are you in full time education: Y/N

..... If so, state college/school

..... Mobile Telephone.....

Post Code: Home Telephone.....

Email address:

Please circle which Category membership you require: Swimming / Polo / Synchro / Parent / Other

TWO EMERGENCY CONTACTS

Name:Relationship to member.....Tel No

Name:Relationship to member.....Tel No

If you are a member of any other swimming club, please state name of club and the date of joining and ASA number.

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Cheltenham Swimming & Water Polo Club is run by volunteers. Can you help with: *(please circle)*

Coaching

Galas & Events

Club administration

I acknowledge receipt of the rules of The Cheltenham Swimming & Water Polo Club located on the club website and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the club.

I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

I also agree that the above details can be added to the Club's computerised management system, in accordance with the Data Protection Act.

I consent to CSWPC photographing or videoing for training or promotional purposes only

Signed:**Print name**..... **Date:**.....

(If applicant is under 16, this form to be signed by Parent/Guardian)

Membership accepted subject to ratification by the next Management Committee Meeting.

ADMINISTRATION ONLY

Name			
Date entered	<input type="text"/>	Membership No.	<input type="text"/>
Date of Acceptance	<input type="text"/>	Membership Opposed	<input type="text"/>