BLACKPOOL AQUATICS ASC

MEMBERSHIP FORM 2024

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Surname		Forenames													
Date Of Birth		/ / Gende					Male / Open Ethnic Female Origin								
Address		Town Post Code													
Tel I								Mobi	e						
E Mail Membership Category															
	Swim	ming	Bi/Tri	Teac	cher	Coach		ip Categ Official		rent	Li	ife Me	mber	Wate	er Polo
Declarable Medication Allergies Disabled Cates												Category			
Emergency Contacts															
Name Address Relationship Contact Tel No 1 Contact									Геl No 2						
I ACKNOWLEDGE I HAVE READ AND CONFIRM ACCEPTANCE OF THE RULES OF THE CLUB. IF I AM SIGNING ON BEHALF OF A SWIMMER UNDER 18, I AGREE TO ENSURE THEY UNDERSTAND AND ABIDE BY THE CLUB RULES Signed Date															
Signed Date Parent/Carer(if under 18 years)															
Blackpool Aquatics use video equipment as a training aid. If you have any objections to your child being filmed during a training session or photographed for publicity purposes, please tick the opt out box and inform the Welfare Officer and/or committee to your objection Opt Out															

Blackpool Aquatics will use your personal data for the purpose of your involvement in the swimming club and I understand that by submitting this form I am consenting to receiving information about the club and its activities by post, e mail, SMS/MMS, online or phone unless stated otherwise.