



**WEAR VALLEY ASC – MEMBERSHIP APPLICATION FORM**

**NAME:**

**ADDRESS:**

**TEL NO'S**

**EMAIL**

**DATE OF BIRTH**

**SEX:           MALE/FEMALE**

**DO YOU HAVE A DISABILITY  
YES/NO**

**ETHNIC ORIGIN**

**IF YES PLEASE DETAIL**

**EMERGENCY CONTACT DETAILS**

**OTHER EMERGENCY CONTACT**

**NAME**

**NAME**

**ADDRESS**

**ADDRESS**

**TEL NUMBER**

**TEL NUMBER**

**RELATIONSHIP**

**RELATIONSHIP**

<b>MEDICAL CONDITIONS/MEDICATION</b>  <b>ALLERGIES</b>	<b>CATEGORY OF MEMBERSHIP</b>  <b>SWIMMING</b>  <b>COACH/TEACHER/OFFICIAL</b>  <b>ADMINISTRATOR</b>  <b>SOCIAL/ASSOCIATE</b>
<p><b>“I acknowledge receipt of the rules of Wear Valley ASC 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</b></p> <p><b>Members as set out in these rules”</b></p>	
<b>SIGNED</b>	<b>DATE</b>
<b>SIGNED</b>  <b>PARENT/CARER(IF UNDER 18 YEARS)</b>	<b>DATE</b>
<p><b>PLEASE RETURN TO CLUB/MEMBERSHIP SECRETARY WITH APPROPRIATE FEE</b></p>	