

# Bottisham Swimming Club

## Trial Application Form



### Parent / Guardian Details

<b>Name</b>			
<b>Address</b>			
		<b>Post Code</b>	
<b>E-mail</b>			
<b>Telephone</b>	Home Number	Mobile Number	

### Swimmer Details

<b>Swimmers Name</b>		
<b>Date of Birth</b>		<b>Male / Female</b>

### Next Of Kin Details

<b>Name</b>		<b>Relation to swimmer</b>	
<b>Mobile Number</b>		<b>Home Number</b>	

### Additional Information

Do you belong to any other swimming clubs?	Yes / No
If yes, please name the club(s) _____	
Do you intend to continue your membership there?	Yes / No
Representative Country/ Country of birth _____	
Do you have any medical conditions or disabilities that could affect your well being at a swimming session? Yes / No If yes please give details:	

**I agree to allow Bottisham Swimming Club to maintain the above information on computer under the provisions of the data protection act.**

(Tick box)

Swimmer's signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

Admitting coach name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Rules and information is found on our site under 'Policies':**

***I acknowledge receipt of the rules of Bottisham Swimming Club 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.***

**By signing this, I also acknowledge the Code of Conducts in place on BSC's Website under 'Policies', and all parties involved in this application agree to these Codes.**

Parent Signature:

Swimmer Signature.

**I will allow for my swimmer to appear in any Media, Photos or Film opportunities on behalf of Bottisham Swimming Club, as explained within the Constitution. (Tick box)**