

# 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>	

We are also required to pass swimmer and parent details to the Amateur Swimming Association (ASA) as part of their annual swimmer registration process.

### 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:
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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 \_\_\_\_\_