



DATE OF APPLICATION(date you fill in form)

H / NH

PLEASE FILL IN ALL SECTIONS IN BLOCK CAPITALS

Name **Address**

Date of birth

Tel No:

Email:

Swimming Ability

Can Swim With aids (Arm Bands/Ring) **Without aids**

Is confident in Deep Water **In Shallow Water**

Last Swimming Club

Last Badge **Longest Distance Swum**

Upon admission is applicant/parent willing to help in any capacity?

Please tick where applicable.

Yes

No

Paperwork

Poolside

Desk

Teaching

Committee

Meets 6 or 7 times per year.

Signature of applicant or parent/guardian

Date started

Level

Farnborough Swimming Club

Application Date

Acknowledges receipt of application to join the above club to participate in general club activities, including Swimming, Survival and Lifesaving.

Signed (club official) Date

**Please keep this receipt in a safe place. Contact us via email on our web site
www.farnboroughswimmingclub.co.uk for any enquiries.**

Farnborough Swimming Club Application Form (Continued) ...

The following information is required by the STA for insurance purposes.

This next section must be filled in for ALL children – to comply with the current Protection of Children acts – and can be very useful for others in case of emergency.

MEDICAL INFORMATION

Does the applicant suffer from any Medical Condition/Disability which may affect swimming ability?

.....
.....

Emergency Phone No:

Alternative Phone No:

Doctors Name:

Doctors Tel:

All the information supplied may be kept on a computer database, but will only be used in connection with persons named therein in case of emergency.

PLEASE SEND FORM TO:

**FARNBOROUGH SWIMMING CLUB
C/O Steph Radford
7 Upton Close
Farnborough
Hampshire
GU14 7EN**