



**MEMBERSHIP APPLICATION FORM
ENFIELD SWIMMING CLUB**

Name:	
Address:	Phone: E mail:
Date of Birth:	Gender: Male/Female
First contact in case of emergency (a person not attending poolside with swimmer): Name: Address: Relationship:	Tel No: Tel No: Tel No:
Second contact in case of emergency (a person not attending poolside with swimmer): Name: Address: Relationship:	Tel No: Tel No: Tel No:
Any medical conditions: (If none please state "None")	Ethnic origin: (self-description)
Disability: (If none please state "None")	Category of membership (please indicate ✓): Swimming – Teaching Swimming – Coaching Swimming – Masters Category 1 Swimming – Masters Category 2 Coach/Teacher/Official Committee/Administrator Social/Associate
Declarable medication: Allergies: (If none please state "None")	
<p>I confirm that I have read the rules of Enfield Swimming Club (available on www.enfield.co.uk or by request from a committee member) and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further confirm and accept the responsibilities of membership upon members as set out in these rules.</p> <p>Signed:</p> <p>Date: Parent/Carer (if under 18 years)</p>	
Would you be prepared to become a volunteer helper? Yes/No	What are your qualifications:
PLEASE RETURN TO MEMBERSHIP SECRETARY	Day/Time/Group or Squad: Payment: Annual Fee £ Monthly/Quarterly Fee £