



WIGAN SWIMMING CLUB

MEMBERSHIP FORM

<http://www.wiganswimmingclub.org.uk/membership>

MEMBER

Name DOB Age

Address

Postcode

Tel Mob

Email

PARENT / GUARDIAN (If member is under the age of 16)

Name(s)

Address (if different to member)

Postcode

Tel Mob

Email

EMERGENCY CONTACTS

Name Relation

Tel Mob

Name Relation

Tel Mob

SWIMMING RECORD

Please note down your current level of swimming ability i.e. stage 6 of learn to swim, scheme swimmer, etc, Also any achievements and personal bests within the sport.

MEMBERSHIP FEES

1st October 2011 to
30th September 2012

	Family Member			
	1st	2nd	3rd	4th
Full Membership Annual Payment	£240.00	£192.00	£172.80	£155.52
Full Membership Monthly Payments	£20.00	£16.00	£14.40	£12.90
Membership for Scheme Annual Payment	£120.00	£96.00	£86.40	£77.76
Membership for Scheme Monthly Payments	£10.00	£8.00	£7.20	£6.48
Membership No Swims National Swimmers	£15.00	Please circle your choice		
Membership No Swims County / Regional Swimmers	£30.00			
Student Membership Further / Higher Education	£150.00			

The first two monthly payments to be submitted with this form and a standing order set up for the remaining months. Please ask for a standing order form. If joining part way through the year please use, monthly payments x number of months left.

ASA FEES (To Be Paid By All Members Annually)

Category 1 - ASA Affiliation & Regional Fee Learner / Developer	£13.60
Category 2 - ASA Affiliation & Regional Fee Open Competition	£29.75
Category 3 - ASA Affiliation & Regional Fee Committee Members & Helpers Fee	£10.60

ASA Number (If Known)

If registered with the ASA else where or indepently please provide your ASA Number.

TOTAL

Total Amount Payable to Wigan S.C £

All cheques to be made payable to "Wigan Swimming Club". Thank You.
For more info on how the fees are set please visit the link below.

<http://www.wiganswimmingclub.org.uk/membership>

MEDICAL INFORMATION Please circle your answer.

Have you ever suffered from any form of heart condition?	YES	NO
Is there any history of heart disease in your family?	YES	NO
Do you suffer from epilepsy?	YES	NO
Do you suffer from diabetes?	YES	NO
Do you suffer from any respiratory disorder?	YES	NO
Do you suffer any pain or limited movement of any joint?	YES	NO
Are you taking any drugs or medication of any kind?	YES	NO
Do you suffer any pain or limited movement of any joint?	YES	NO
Are there any reasons not already stated that might prevent you from taking part in a swimming programme?	YES	NO

If you have answered **YES** to any of the above questions or have any additional information please provide it here.

PHOTO & VIDEO Please circle your answer.

I agree to be photographed or videoed during club activities for use by the club for promotion and training analysis.	YES	NO
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DECLARATION

I have read, understood and completed this form and declare that to the best of my knowledge all the information provided is correct. I understand that it is my responsibility to ensure that this information is kept up to date and to inform the club of any changes.

As a member I agree to the Club Rules and **Code of Conduct**, I will behave in a decent and respectful manner to other swimmers, parents, coaches and lifeguards. I will be punctual to all sessions I attend with suitable swim wear.

Wigan Swimming Club is run by a group of volunteers and without their dedication the club would not exist. As a parent within this voluntary run organisation I agree to give at least three hours throughout the year to the running of the club and help out with fundraising where possible.

Members Name	
Signature	Date
Parent / Guardian Name (under 16s)	
Signature	Date