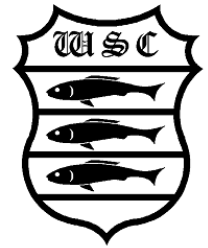




Worthing Swimming Club

Affiliated to Southern Counties A.S.A., R.L.S.S & British Triathlon



Application Form to join Worthing Otters

Worthing Swimming Club's Junior Triathlon Section

Please note – Worthing Swimming Club is registered under the Data Protection Act 1984

A Membership Category

Please indicate whether you are already or want to be a member of the Swimming, Diving & Water Polo sections of Worthing Swimming Club or just want to join as a triathlon section member and retain membership of another swimming club for competitive purposes.

Swimming & Triathlon Member WSC Membership No.

Triathlon Only Member Associate Member

(Triathlon members must be aged between 8 and 16 and be able to swim 50 metres.)

B Personal Information

Last Name			
Forenames			
How do you like to be addressed (e.g. Michael, Mike, Mick)			
Address 1			
Address 2			
Address 3			
Postcode			
Day Telephone			
Evening Telephone			
Mobile No.			
Email address			
Emergency Contact & details of where s/he can be reached during the session times if different from above			
Year Group		Date of Birth	
Age		School	
Medical Information (please provide any details that the coaches should know about regarding medication or a medical condition. Use an additional sheet if necessary)			

Ethnic Origin: (Please tick as appropriate. This must be completed to comply with equal opportunities monitoring)					
White - British		Black – Caribbean		Asian – Indian	
White – Irish		Black – African		Asian – Pakistani	
White - Other		Black - Other		Asian - Bangladeshi	
Mixed -British				Asian - Chinese	
Mixed - Other				Asian - Other	

C Experience / Club Membership

Have you done a multi-sports event (aquathlon, duathlon, or triathlon) before?	Yes		No	
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Do you belong to another swimming club?	Yes		No	
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If Yes what is its name?	
Please provide the A.S.A. registration number	

Do you belong to an Associate Club?	Yes		No	
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If Yes what is its name?	
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D DECLARATION

I acknowledge receipt of the rules of Worthing 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. I agree to abide by the Members' Code of Conduct and uphold the highest possible level of sportsmanship.

.....
Athlete's Signature

.....
Date

E PARENTAL CONSENT

I wish my child to be allowed to take part in all club / triathlon related activities. I further consent to any emergency medical treatment necessary during the course of any authorised club activity. I understand it is the responsibility of the Parent/Guardian to ensure that any necessary medication relating to the above stated conditions is made available and that any club official is NOT permitted to administer any drugs/medication I understand that whilst Team Managers and Assistants in charge of teams will take all reasonable care of children, they cannot be held responsible for any loss, damage or injury suffered by my child whilst travelling to or from, or taking part in any club activities.

On occasions we use photos/video footage for promoting the club. If you do not want images of your child published please tick the box.

.....
Parent / Guardian's Signature

.....
Date

Full Name of Parent / Guardian

Address (if different from above)

Parent / Guardian's Occupation (optional)

F OTTER NEWS

We produce a regular newsletter called *Otter News*. We send this out electronically but if it is not possible for you to receive it this way, please tick the box

Please return to: Worthing Otters, 5 Nepfield Close, Findon, West Sussex BN14 0SS
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