

**Ware Swimming Club  
Membership Application Form**

I wish to apply to the Committee to become a member of Ware Swimming Club.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Trial: \_\_\_\_\_

Freestyle 25m/50m/100m	Backstroke 25m/50m/100m	Breaststroke 25m/50m/100m	Butterfly 25m/50m/100m
Time: _____	Time: _____	Time: _____	Time: _____

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Please advise of any medical conditions and/or allergies and medicine taken:

\_\_\_\_\_

\_\_\_\_\_

Please detail below the name(s) of any other swimming club(s) you currently belong to.

\_\_\_\_\_  
(Please note, the Committee will follow up on the information you provide with the Amateur Swimming Association's Membership Team)

I acknowledge receipt of the rules of Ware 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 understand acknowledgement of my club membership will be sent to me by the Club's Membership Secretary following the next Committee meeting.

Swimmer's Signature: \_\_\_\_\_

Parent/Guardian's Signature if swimmer is under 18: \_\_\_\_\_

Application Forms can be sent to Mr R Keen, Membership Secretary, 10 Beechfield Road, Ware, Hertfordshire or handed in to a Committee Member during club nights.