

SWIMMER INFORMATION			
Full Name	DOB	Male/Female	
Address			
County	Postcode		
Medical Conditions (e.g., Asthma, Diabetes, Epilepsy, Heart Conditions) OR Learning Difficulties (eg Dyslexia, Dyspraxia, ADHD) The coaches.			This information is only given to
Please sign to authorise BSC to hold this information			
PARENT/GUARDIAN INFORMATION (If swimmer under 18)			
Full Name			
Address (if different)			
County Postcode			
CONTACT DETAILS	Home Tel	Mobile	E-mail
2nd CONTACT DETAILS:	Home Tel	Mobile	E-mail
MEMBERSHIP SUBSCRIPTION TO BE PAID please select the relevant option/s and follow payment instructions			
Swim Training	£300.00		*Students Leaving for University (6 mth membership) £150
PLUS ASA Cat 2 Fee		£27.00	*Annual Membership for old members (now at University) £50
	TOTAL	£	* Full payment option applies
			Life Saving Course £100.00
			PLUS ASA Cat 2 Fee
			TOTAL £
NB For the third family member the fee is £100 (plus the ASA fee) & further family members are free – but must pay the ASA Fee.			
If joining part way through the year use the pro-rata chart fee. ASA fees are NOT pro rata and must be paid in full.			
I enclose a cheque for the full amount of _____		Please DO NOT PAY BY CASH	
OR			
I enclose a cheque for £102 together with three further cheques for £75 post dated 1st April, 1st July and 1st September 2011			
Please make cheques payable to Beacon Swimming Club.		Please note that membership subscriptions are non-refundable.	
Please return cheque(s) and this application form to :- Mandi Cooper, 6 Gibraltar Rise, Heathfield, East Sussex, TN21 8HL, 01435 860620			
To satisfy insurance regulations completed forms MUST be returned with payment by 1st January to continue swimming			
<i>If your circumstances have changed and you wish to discuss, in confidence, different ways of funding your membership fees, please call me.</i>			
<i>A sub-committee of 3 members will confidentially consider each request on its own merits.</i>			
I/We agree to abide by the rules of the Beacon Swimming Club at all times (see Club Code of Conduct enclosed)			
I/We agree to my son/daughter's photograph being used on the Club website and in the local press			
I/We am/are able to volunteer a small amount of time to Beacon Swimming Club			Occupation:
Swimmer's signature	Date	Parent's signature	Date