

**BEACON SWIMMING CLUB MEMBERSHIP APPLICATION FORM M 2009**

**ASA CATEGORY 2**

**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)		
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
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**MEMBERSHIP SUBSCRIPTION TO BE PAID** please select only ONE option and following payment instructions

Swim Training	£220	<input type="checkbox"/>	*Students Leaving for University (6 mth membership)	£110	<input type="checkbox"/>
Synchro	£110	<input type="checkbox"/>	*Annual Membership for old members (now at University)	£30	<input type="checkbox"/>
Swim Training & Synchro	£250	<input type="checkbox"/>	* Full payment option applies		
PLUS ASA Cat 2 Fee		<input type="checkbox"/>	PLUS ASA Cat 2 Fee		<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
TOTAL		<input type="text" value="£"/>	TOTAL		<input type="text" value="£"/>

NB For the third family member the fee is £75 and further family members are free.(E.g If 2 children swim train and 1 child is Synchro, Synchro will be at reduced cost). Synchro is still £30 extra for fourth member.

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 £80 together with three further cheques for £55 post dated 1st April, 1st July and 1st September 2009 (swimming only)

OR

I enclose a cheque for £87.5 together with three cheques for £62.50 postdated 1st April, 1st July and 1st September 2009 (swimming and Synchro)

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 :- **Deborah Knott, Victoria Cottage, Mardens Hill, Crowborough, E Sussex, TN6 1XL**

To satisfy insurance regulations completed forms **MUST** be returned with payment by **31st January** to continue swimming

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  Parent's signature

Date:  Date: