

**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). This information is only given To the coaches.		
Please sign to authorise BSC to hold this information		

**PARENT/GUARDIAN INFORMATION (If swimmer under 18)**

Full Name			
Address (if different)			
County	Postcode		
<b>CONTACT DETAILS</b>	Home Tel	Mobile	E-mail:

<b>2<sup>nd</sup> CONTACT DETAILS:</b>	Home Tel	Mobile	E-mail
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**MEMBERSHIP SUBSCRIPTION TO BE PAID** please select only ONE option and follow payment instructions

Swim Training	£300	£300.00	*Students Leaving for University (6 mth membership)	£150	
PLUS ASA Cat 1 Fee		£12.00	*Annual Membership for old members (now at University)	£30	
			Life Saving Course	£100.00	
			PLUS ASA Cat 1 Fee		£12.00
<b>TOTAL</b>		<b>£312.00</b>	<b>TOTAL</b>		<b>£</b>

NB For the third family member the fee is £100 (plus the ASA fee) & further family members 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 £87 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

***If your circumstances have changed and you wish to discuss, in confidence, about different ways of funding your membership fees, please call me. A sub-committee of 3 members will confidentially consider each request on its own merits.***

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			
Swimmer's signature	Date	Parent's signature	Date