

Cheltenham Swimming & Water Polo Club
APPLICATION FOR MEMBERSHIP

Please return to : Club Post Box, Foyer, Leisure @ Cheltenham

Or by post to

Mrs Sue Willis, **New Members Secretary**, 37 Newbarn Lane, Prestbury, Cheltenham, GL52 3LB

PLEASE PRINT:

NAME: DATE OF BIRTH:(under 18's only)

Address: If over 16 are you in full time education: Y/N

..... If so, state college/school

..... Mobile Telephone.....

Post Code: Home Telephone.....

Email address:

Please circle which Category membership you require: Swimming / Polo / Synchro / Parent / Other

EMERGENCY CONTACTS x 2

Name:Relationship to member.....Tel No

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If you are a member of any other swimming club, please state name of club and the date of joining and ASA number.

Cheltenham Swimming & Water Polo Club is run by volunteers. Can you help with: *(please circle)*

Coaching

Galas & Events

Club administration

Fundraising

1. I acknowledge receipt of the rules of The Cheltenham Swimming & Water Polo Club located on the club website and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the club.
2. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.
3. I also agree that the above details can be added to the Club's computerised management system, in accordance with the Data Protection Act.
4. I consent to CSWPC photographing or videoing for training or promotional purposes only

Signed:Print name..... Date:.....

(If applicant is under 16, this form to be signed by Parent/Guardian)

All completed Membership Applications to be returned to the New Members Secretary.

Membership accepted subject to ratification by the next Management Committee Meeting.

ADMINISTRATION ONLY

Name

Date entered

Membership No.

Date of Acceptance

Membership Opposed