



Membership Application Form

First Name		Last Name		M*	F*
Address				Postcode	
E-mail address					
Date of Birth		Phone numbers	Home:	Mobile:	
In Case of Emergency	Name	Relationship	Phone number		
First contact					
Other contact					
Membership Category	Swimmer*	Volunteer*	Ethnicity		
Are you a member of another Swimming Club, if so, which one?					
<p>I apply/I apply on behalf* of the swimmer above for membership of City of Lincoln Pentaqua Swimming Club (CLP).</p> <p>I acknowledge that membership of CLP is governed by rules (www.pentaqua.org) and confirm my understanding and acceptance of such rules (as amended from time to time) that shall govern my membership of the club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.</p> <p>I have received and agree to the relevant City of Lincoln Pentaqua Swimming Club's Code(s) of Conduct.</p> <p>I have completed and returned CLP's Medical Information Form, and I agree to ensure that the information provided is kept up to date at all times.</p> <p>I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club or whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming for registration, entry and statistical purposes.</p>					
Signed		Swimmer*	Parent*	Guardian*	
Print Name					
Date					

Please return this form to Mel Crowley (Membership Secretary) prior to you/your child swimming with the club.

FOR CLUB USE ONLY

ASA Registration	Medical Form	Webcollect Registration	Photo Permission	Parents' code of conduct	Swimmers' code of conduct	Group/Squad	Date joined

* Delete as applicable