

CULTS OTTERS AMATEUR SWIMMING CLUB



Club Membership Form

Swimmers Information: -

Surname	
First Name	
Middle Name	
Date of Birth	
Age	
SASA No.	
Male / Female	
E-Mail Address	
Mobile No.	

Please tick swimming level

Cubs	
JC1	
JC2	
JC3	
JC4	
Junior Potential	
Youth Potential	
Potential	
Performance	
Elite	

Parents 1 - Information

Surname	
First Name	
Address & Postcode	
Home No.	
Office No.	
Mobile No.	
E-Mail Address	
Fax No.	

Technical Official Qualifications - Parents 1 :-

Timekeeper (Club)		Reference No.		Date	
Timekeeper (SASA)		Registration No.		Date	
Starter		Registration No.		Date	
Recorder		Registration No.		Date	
Referee		Registration No.		Date	
Judge		Registration No.		Date	

Cont'd

Parent 2 - Information

Surname	
First Name	
Address & Postcode	
Home No.	
Office No.	
Mobile No.	
E-Mail Address	
Fax No.	

Technical Official Qualifications - Parent 2 :-

Timekeeper (Club)	<input type="text"/>	Reference No.	<input type="text"/>	Date	<input type="text"/>
Timekeeper (SASA)	<input type="text"/>	Registration No.	<input type="text"/>	Date	<input type="text"/>
Starter	<input type="text"/>	Registration No.	<input type="text"/>	Date	<input type="text"/>
Recorder	<input type="text"/>	Registration No.	<input type="text"/>	Date	<input type="text"/>
Referee	<input type="text"/>	Registration No.	<input type="text"/>	Date	<input type="text"/>
Judge	<input type="text"/>	Registration No.	<input type="text"/>	Date	<input type="text"/>

Medical Information for swimmer: -

Doctors Name	
Phone No.	
Parents Emergency Contact Name (s)	
Parents Emergency Contact Phone No. (s)	
Medical Conditions / Allergies	
Medication	
Disabilities / Special Needs / Glasses etc.	

If your child ever suffers from a minor injury during a swimming session, e.g. grazed knee, are you happy for the swimming teacher/coach to administer minimal first aid, e.g. application of plaster or ice pack. Parents will always be contacted immediately for anything more serious.	Yes/No
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This Information is required for the purpose of administration of the club only. Your information will be held on a secure database and not disclosed to any other 3rd party or used for any other purpose other than administration of Cults Otters ASC.

As and when you change any of the above information, please advise me by e-mail or post. It is very important that this information is kept up to date at all times.

E-mail address: - therichardsons@talk21.com

or

Mrs Sonia Richardson
 Membership Secretary
 56 Gray Street
 Aberdeen
 AB10 6JE

Thanks
 Sonia