



Carnforth & District A.S.C.

Membership Application Form

Surname: _____ **First Name(s)** _____

Date of Birth: _____

Address:

Email Address: _____

Parent/Carer

Surname: _____ **First Name(s)** _____

Address (if different from above)

Contact Details

Phone number: _____

Mobile number: _____

Alternative Emergency Contact

Name: _____ **Phone Number:** _____

Please also complete the following forms attached:

1. The club confirmation of commitment form and additional emergency information form
2. The medical form
3. Photography consent form
4. The swimmers' Code of Conduct
5. Parents' Code of Conduct

Signed: _____

Dated: _____

Please return the forms to: _____

Once a swimmer reaches 18 they will be required to allow the club to request CRB clearance, as legally they will be considered adults training with children. If you are concerned about this please see the Clubs Welfare Officer.