



Application Form

For members under 16 years of age

Applicant's Details

Surname: _____

First Name(s): _____

Date of Birth: _____

Address: _____

Parent's Details

Mother

Father

Surname: _____

Surname: _____

First Names: _____

First Names: _____

Address: (if different from above): _____

Address: (if different from above): _____

Contact Details

Phone Number: _____

Phone Number: _____

Mobile Number: _____

Mobile Number: _____

Email Address: _____

Email Address: _____

Please also complete the following forms attached

1. Medical information form
2. Photography consent or refusal of consent form
3. The members' Code of Conduct
4. Parent's Code of Conduct

Signed: _____

Date: _____

Please return the form to: Nicola Robb (Membership Secretary)

I understand that in compliance with the Data Protection Act 1988, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used solely in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of Swim England. Please see <https://carnforthotters.co.uk/about-us/our-policies/> for our data protection and privacy notices.

