

Please complete this form in black ink and use block capitals

(* Mandatory)



Member ID (If Known)

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D.O.B.*

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Title*

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Forename*

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Middle Initials

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Known as

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Surname*

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Address *

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Post Town*

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Post Code*

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Tel *

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email

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Gender*

Male Female

Ethnicity Code

(See over for guidelines)

Country Of International Representation*

England Scotland Wales Other (Please Specify)

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Disciplines* (indicate all)

Swimming W Polo Synchro Diving Open Water
 Masters Swim Masters W Polo Masters Synchro Masters Diving Masters Open Water

Disability Details Please tick nature(s) of disability

Ambulant Hearing Learning Visual Wheelchair

Club Code	Dual Recognition (Tick 2 only)	Rank Club (Tick 1 only)	Date of Joining	Club Officer Signature *
	<input type="checkbox"/> Dual Rec	<input type="checkbox"/> Rank Club		
	<input type="checkbox"/> Dual Rec	<input type="checkbox"/> Rank Club		
	<input type="checkbox"/> Dual Rec	<input type="checkbox"/> Rank Club		

For guidelines about dual recognition and rank club visit British Swimming's website

Note: The list of clubs of which you are a member must be completed in chronological order i.e. in order of longest CONTINUOUS membership

Consent

I confirm that I am a competitive member of the clubs listed above. I confirm that I will submit myself to official Doping Control at any time when requested. I agree to abide by the rules of the ASA and British Swimming. I understand that by submitting this form, I am consenting to receiving information about ASA / British Swimming initiatives from the ASA / British Swimming and their commercial partners by post, email, SMS/MMS, online or phone unless I tell you otherwise

Offers and opportunities - Please tick any of the relevant boxes below

No thank you, I don't want British Swimming/the ASA to send me details of products and services
 No thank you, I don't want British Swimming/the ASA to send me details of events
 No thank you, I don't want British Swimming/the ASA to send me details from British Swimming/the ASA's commercial partners

Hide my details (This may affect your ability to enter events - please see overleaf)

If you do not want details of your achievements to be visible on the British Swimming Website please tick here

Signature of club member*

I understand that by signing this form I am confirming that I have received, read and understand the ASA/British Swimming Data Protection Notice in relation to the collection and use of my information.

Date* . .

The section below must be signed by the parent/guardian of any member under the age of 18 years. As the parent or person in loco-parentis of the swimmer named above, I certify that the personal details are correct. I agree to him/her, if selected, submitting to the official Doping Control at any time when requested and him/her abiding by the rules of the ASA and British Swimming. I also agree to release his/her personal and other details for the purposes overleaf.

Signed

Date . .