

Bears Swim School Application for Membership

Personal Information

First name:	
Surname:	
D.O.B.:	
Parent/Guardian Name	
Home phone	
Mobile phone	
Emergency telephone number	
E-mail address	
Address	
Postal Code	

Details of illness/Disabilities/Medication

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Membership Fees

(Tick relevant box)

<i>Type of membership</i>	
Learn to swim membership £18	
Family membership £39	

Payment

Cash Amount:

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Cheque amount:

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Total received:

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Date:

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Membership

Date of Joining:

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Allocated group:

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Club membership number:

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Club Officers signature:

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Signature

For swimmers under the age of 18 years of age a Parent or Guardian must sign in order to give their consent. All records will be kept on computer data base for club use only and members may view their records at any time.

I have read and fully understand the club rules and conditions of training fees.

Signature:

Date: