



Affiliated to Swim Wales

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APPLICATION FOR MEMBERSHIP OF MONNOW SWIMMING CLUB

Name of member:

Address:

Postcode:

Home Telephone No.:

Mobile No.:

Email address:

Date of Birth:

Age:

Country of Commitment:

If Wales by: birth / residence / parentage
(delete as applicable – for information see WASA registration form)

Date of Application:

Parental Agreement:

(Delete a or b)

a: My child has no continuing illness, disability or adverse health condition at this time

b: My child has the following continuing illness, disability or adverse health condition at this time.

.....
c: I agree to notify the Club Officials, Teacher or Coach of any change in the circumstances under a or b above

My child has read or had the attached Code of Conduct explained and I agree my child shall be bound by this Code and the normal Club rules.

Signature of:

Parent / Guardian

(delete as appropriate)

Date:

Chairman : Maria Smith
chairman@monnowsc.co.uk
07807 267820

Secretary : Helen Johnson
secretary@monnowsc.co.uk

Treasurer : Fiona Creasey
treasurer@monnowsc.co.uk