

4377052165

SWIM WALES/British Swimming Registration Form

Please complete this form in black ink and use block capitals (* Mandatory)



Category* Cat 1 Cat 2 Cat 3 Cat 4 Cat 5 Cat 7 Cat 9

Registration ID (If Known)

Registration ID grid

D.O.B.*

D.O.B. grid

NOFIO CYMRU
SWIM WALES

Title*

Title grid

Forename*

Forename grid

Middle Initials

Middle Initials grid

Known as

Known as grid

Surname*

Surname grid

Address*

Address grid 1

Address grid 2

Post Town*

Post Town grid

Post Code*

Post Code grid

Tel*

Tel grid

email

email grid

Gender*

Male Female

Ethnicity Code

(See over for guidelines)

Do you speak Welsh? If so Please indicate your level:*

No Learner Fluent

Country Of International Representation*

Wales England Scotland Other (Please Specify)

Other Country grid

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		

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. Tick here if this is an individual membership

Consent
I confirm that I am a 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 SWIM WALES and British Swimming. I understand that by submitting this form, I am consenting to receiving information about SWIM WALES/British Swimming initiatives from SWIM WALES/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/SWIM WALES to send me details of products and services
No thank you, I don't want British Swimming/SWIM WALES to send me details of events
No thank you, I don't want British Swimming/SWIM WALES to send me details from British Swimming/SWIM WALES'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* 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 SWIM WALES and British Swimming. I also agree to release his/her personal and other details for the purposes overleaf.

Signed Date