



# AMATEUR SWIMMING ASSOCIATION

## SINGLE CLUB REGISTRATION FORM

(This includes registration with the Amateur Swimming Federation of Great Britain)

Please complete this form in block letters.

### SECTION A

SURNAME ..... FIRST NAME ..... 2nd initial ..... Mr/Mrs/Miss

ADDRESS .....

.....

..... POSTAL CODE .....

HOME TELEPHONE S.T.D. CODE ..... No. ....

D.O.B.       SEX M/F

Please indicate which disciplines you take part in  
 SWIMMING ..... SYNCHRO  
 DIVING ..... MASTERS  
 WATER POLO .....

Country of Commitment for International Representation

England ..... Scotland ..... Wales .....

Other (please state) .....

I declare that I am not a registered competitive member of any other swimming club.  
 I confirm that I will submit myself to official Doping Control at any time when requested.

SIGNATURE OF CLUB MEMBER ..... DATE .....

### SECTION B

CLUB

DATE OF JOINING

1. ....

I certify as correct the information given above which relates to my club.

Signed ..... Club Secretary/Registration Officer

Date .....

### SECTION C - For Competitors with a disability

Are you in receipt of World Class Funding? Yes/No

Please indicate classification, if known: S  SM  SB

If classification unknown, please tick nature of disability:

Physical Disability (Amputant) ..... Hearing impaired  
 Physical Disability (Wheelchair user) ..... Learning Disability  
 Visually impaired .....

### SECTION D

THE SECTION BELOW **MUST** BE SIGNED BY THE PARENT/GUARDIAN OF ANY SWIMMER UNDER THE AGE OF 18 YEARS

As the parent or person in loco-parentis of the swimmer named in section A of this form, I certify that the personal details are correct. I agree to him/her, if selected, submitting to official Doping Control at any time when requested.

Signed: ..... Date: .....