0564108510

Signed

ASA/British Swimming Category 2 & Multi Club Registration Form

Please complete this form in black ink and use block capitals

the asa	
the essential element	

(* Mandatory) the essential element	
Member ID (If Known) D.O.B.*	٠
Abd on the company of	
Title* Forename* Middle Initials	
the manufacture of the manufacture of the second data and the second data are second discounted by the second data and the second data are sec	
Known as Surname*	
Address *	
y prototte designation of States and designation of the first over a state frame and control of the state of the	
Post Town*	
Post Code* Tel*	
is a series of the mean basis of the manufactor of means that the series of the series	
email congress and	
	T
Gender* Ethnicity Code Ethnicity Code Gender of the control of	
Male Female (See over for guidelines)	
Country Of International Representation*	
England Scotland Wales Other (Please Specify)	
Disciplines* (indicate all)	
Swimming W Polo Synchro Diving Open Water	
Masters Swim Masters W Polo Masters Synchro Masters Diving Masters 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	
Dual Recognition Rank Club For guidelines about dual recognition and rank club visit British Swimming's website	1
Club Code (Tick 2 only) (Tick 1 only) Date of Joining Club Officer Signature *	
The state of the s	1
Dual Rec Rank Club	-
Dual Rec Rank Club	WESTER FOR STATE OF S
Dual Rec 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]
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 such as the control of the co	
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 100 to 100	
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. 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.	