

Wigan Swimming Club 2007

Application form for members 2007

Membership details (please complete all sections)

Name..... Date of Birth

Address.....

..... Post Code

Contact Details Home Number

Mobile Number

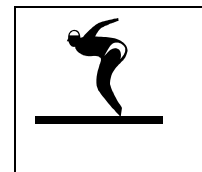
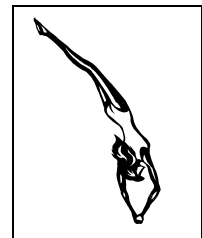
Email Address

Fees	1 st Child	2 nd Child	3 rd Child	4 th Child
Full Membership	£225	£202	£182	£164
Full Membership Instalments x 4	£60	£54	£49	£45
Wigan ASC & Scheme swimmers + £2 per swim	£35			
Students 16+ living at home	£80			
Students 16+ away from home + £2 per swim	£30			
ASA affiliation & regional fee Open competition	£19.50			
ASA affiliation & regional fee Learner/ developer	£6.25			
Committee Member Fee Voting Member	£2			

Due Date

1st Jan

1st Jan, 1st Feb,
1st March, 1st April



Part year membership to be paid as follows:

From 1st April = £168
 From 1st May = £148
 From 1st June = £130
 From 1st July = £112

From 1st August = £92
 From 1st September = £74
 From 1st October = £56
 From 1st November = £38

2nd/3rd child reduction = 10%

All cheques to be made payable to Wigan Swimming Club

Code of Conduct

At all time behave in a decent and respectful manner to other swimmers, parents, coaches & lifeguards.

Report anything immediately that may affect your safety or that of others.

Do not endanger the health and safety of yourself or others.

Give your best at all times, in training and competition.

As a parent within this voluntary run organisation I agree to give 3 hours throughout the year to the running of the club.

Signature..... Parent/ Guardian (if under 16)

Print Name Date

If known please state below PB times for the following swims

Front Crawl	25m	50m	100m	200m.....
	400m	800m	1500m	
Backstroke	25m	50m	100m	200m
Breaststroke	25m	50m	100m	200m
Butterfly	25m	50m	100m	200m

If you do not have the times don't worry.

Health & Safety

Wigan Swimming Club or any of their officials CANNOT accept any liability for any injury sustained by the wearing of goggles.

Diving into the shallow end of the pool is not allowed. If a swimmer injures themselves by doing this then the coaches / officials cannot be held responsible for any subsequent accidents. Diving into the shallow end is STRICTLY NOT ALLOWED.

Declaration of Health

I confirm that the above mentioned applicant is in good health and that any relevant information with regards to any medication and /or medical condition is stated on the medical questionnaire.

I have read the above code of conduct and health and safety declarations and agree to them. I agree that I will inform the committee or coach if there are any changes to the above that may affect the club or ability to swim.

SignedParent/ Guardian (under 16's) Date

.....

Wigan Swimming Club Medical Questionnaire

Please complete the above information as accurately as possible. This information will be used in the strictest confidence.

Full Name..... **Date of Birth**

Address

..... **Post Code**

Home Telephone

Mobile

- 1. **Have you ever suffered from any form of heart condition?** **Yes** **No**
- 2. **Is there any history of heart disease in your family?** **Yes** **No**
- 3. **Do you suffer from epilepsy?** **Yes** **No**
- 4. **Do you suffer from diabetes?** **Yes** **No**
- 5. **Do you suffer from any respiratory disorder?** **Yes** **No**
- 6. **Do you suffer from any pain or limited movement of any joint?** **Yes** **No**
- 7. **Are you taking any drugs or medication of any kind** **Yes** **No**
- 8. **Are there any reasons not already stated that might prevent you from taking part in a swimming programme?** **Yes** **No**

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS

.....
.....
.....
.....
.....
.....

Declaration

I have read, understood and completed this questionnaire and declare to the best of my knowledge that the above information is correct and that I know of no other reason why I should not be able to participate in the above swimming programme.

All personal information given will be used to provide you with the best service we can and it will NOT be passed onto 3rd parties.

Signature **Date**

Print name