

**Leamington Spa Amateur Swimming Club**  
**Application Form for Members Under 16 years of age**



**Applicant's Details**

Surname:.....

First name (s):.....

Date of birth:.....

Address:.....

.....

**Parents Details**

Mother:..... Father:.....

Surname:..... Surname:.....

First name(s):..... First name(s):.....

Address (if different from above):                      Address (if different from above)

.....

.....

**Contact Details**

Phone number:..... Phone number:.....

Mobile number:..... Phone number:.....

**Emergency Contact Details**

Name (please print):.....

Phone number:.....

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Please also complete the following forms attached:

1. The medical form
2. The Code of Conduct for Swimmers
3. The Code of Conduct for Parents

By signing this membership form, you confirm that you have read the Leamington Spa Amateur Swimming Club Safeguarding Policy Statement, the Parents' Welcome Letter and the Swimmers' Welcome letter.

Signed:.....

Dated:.....

Please return completed form to:

Dana Payne  
4 Cryfield Heights  
Coventry  
CV4 7LA