

City of Leeds Synchronised Swimming Club

Application for Membership

fields marked * are optional

First Name	Middle initials*	Surname	Date of Birth
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Address	
Post Code	

Telephone			
Home	Mobile	work *	

E-Mail

ASA Membership Number	Highest Skill Level Held	Date Achieved													
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Current membership of other Clubs in order of joining
All applicants must be a member of a synchronised swimming club or section and remain in membership of such club or section

Date Joined	Club

The Following must be counter signed by a parent or guardian of any member under the age of 18

I acknowledge receipt of the rules of the City of Leeds Synchronised Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge the responsibilities of membership upon members as set out in these rules

Signature of Member _____ Date _____

Signature or parent or guardian _____

The Following must be signed by a parent or guardian of any member under the age of 18

The club uses video Technology in the training of members
 I do / do not wish video technology to be used in the training of my child/charge

_____ Print name _____

The club will, on occasions, wish to use photographs and video for publicity
 I do / do not sanction the use of photographs or video to be use in the public arena (e.g. newspapers, posters, web page)

Signed _____ Print name _____

Date of Assessment		club use only	
entered on Database		Membership accepted	
		resigned	