

Forres Bluefins Amateur Swimming Club
 Affiliated to SASA North District & SportMoray

MEMBERSHIP APPLICATION

Surname _____
 First Name(s) _____
 Address _____

 Post Code _____
 Telephone _____
 Mobile _____
 e-mail _____
 Date of Birth _____
 School _____

Details of relevant medical conditions _____

List any food allergies or dietary requirements _____

Previous Swimming Experience: Lessons Y/N Diving Y/N Personal Survival Y/N

Parent/ Guardian Name			
Signature		Date	
Emergency Contact No			

(For Club Use Only)

Provisional Start date		Trial Period Ends	
Comments			
Squad	Y/N	Medical/ Transport Form Signed	Y/N
Standing Order Form Issued	Y/N	Anti Bullying proforma issued	Y/N
SASA Annual Membership paid	Y/N	Code of Conduct signed	Y/N
Treasurer Information issued	Y/N		
Squad Information issued	Y/N		

Actioned by: Head Coach Treasurer Secretary Match Secretary

Please return completed form to the Club secretary via the Drop Box at Forres Pool