

MID SUSSEX MARLINS Swimming Club Ltd APPLICATION FORM – ADULT SWIMMER MASTERS / WATER POLO / DISABILITY (PLEASE CIRCLE) PLEASE COMPLETE IN BLOCK CAPITALS		OFFICE USE	
		Date Started:	
		Account No:	
		Section:	
		ASA Number	
Full Name:			
Address:			
Postcode:	Date of Birth:	Sex (M/F):	
Home phone:	Work Phone:		
Mobile:			
E-mail:			
If you a member of other ASA swimming clubs:	Please indicate lead Club for registration purposes		
Name of Club(s):	Will you keep your membership?		
If you have existing family membership with MSM (children?):	Membership No?		
Please specify any relevant health problems (including sight & hearing):			
Medication:			
Emergency Contact Name:		Mobile:	
Qualifications (Swim Teaching/lifeguard/first aid, Official):			
<p>If accepted, I agree to pay the joining fee, annual membership fee, ASA registration supplementary fee (cat 2 only) and appropriate swimming fees, in full and on time. I understand that I may not swim in a club session until all fees due, are paid in full and ASA registration is complete.</p> <p>I accept that:</p> <ul style="list-style-type: none"> All fees will be paid, one month in advance by monthly Direct Debit; Fees may be adjusted by the club, at any time and at least annually on the 1st July and that fees are non-refundable; If I don't swim for six consecutive weeks and not contacted the club, the Club may re-assign my place but fees will continue to fall due until I provide notice of resignation; Resignation: I will give 4 weeks written notice of leaving and pay in full, all fees due, up to my date of leaving. <p>I agree to abide by the rules of Mid Sussex Marlins Swimming Club Ltd (as shown on the clubs website) 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 and accept the responsibilities of membership upon members as set out in these rules.</p> <p>I consent to the use of my personal information, including sensitive personal data about health, for the purposes and on the terms set out by British Swimming. I also accept that the above information, together with information relating to swimming performance details, shall be kept and maintained on the Club computer database and that details of my swimming achievements will be published to the internet.</p>			
Signed:		Date:	
When signed, please scan this form, ASA Registration form and DD mandate and email to the relevant section: Masters: mastersmembership@midsussexmarlins.org All others: info@midsussexmarlins.org			
If you cannot scan, then please return all documentation to: Club Secretary, Mid Sussex Marlins Swimming Club, 9 Westhill Close, Burgess Hill, West Sussex, RH15 9EF.			