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ASA/British Swimming Category 2 & Multi Club Registration Form

Please complete this form in black ink and use block capitals

(* Mandatory)

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Member ID (If Known)

D.O.B.* . .

Title* **Forename*** Middle Initials

Known as **Surname***

Address *

Post Town*

Post Code* **Tel***

email

Gender*

☐ Male ☐ Female

Ethnicity Code

☐ (See over for guidelines)

Country Of International Representation*

☐ England ☐ Scotland ☐ Wales ☐ Other (Please Specify)

Disciplines* (indicate all)

☐ Swimming ☐ W Polo ☐ Synchro ☐ Diving ☐ Open Water

☐ Masters Swim ☐ Masters W Polo ☐ Masters Synchro ☐ Masters Diving ☐ Masters Open Water

Disablity Details Please tick nature(s) of disability

☐ Ambulant ☐ Hearing ☐ Learning ☐ Visual ☐ Wheelchair

For guidelines about dual recognition and rank club visit British Swimming's website

Club Code	Dual Recognition (Tick 2 only)	Rank Club (Tick 1only)	Date of Joining	Club Officer Signature *
	☐ Dual Rec	☐ Rank Club	. .	
	☐ Dual Rec	☐ Rank Club	. .	
	☐ Dual Rec	☐ Rank Club	. .	

Note: The list of clubs of which you are a member must be completed in chronological order i.e. in order of longest **CONTINUOUS** membership

Consent

I confirm that I am a competitive member of the clubs listed above. I confirm that I will submit myself to official Doping Control at any time when requested. I agree to abide by the rules of the ASA and British Swimming. I understand that by submitting this form, I am consenting to receiving information about ASA / British Swimming initiatives from the ASA / British Swimming and their commercial partners by post, email, SMS/MMS, online or phone unless I tell you otherwise

Offers and opportunities - Please tick any of the relevant boxes below

No thank you, I don't want British Swimming/the ASA to send me details of products and services ☐

No thank you, I don't want British Swimming/the ASA to send me details of events ☐

No thank you, I don't want British Swimming/the ASA to send me details from British Swimming/the ASA's commercial partners ☐

Hide my details (This may affect your ability to enter events - please see overleaf)

If you do not want details of your achievements to be visible on the British Swimming Website please tick here ☐

Signature of club member*

I understand that by signing this form I am confirming that I have received, read and understand the ASA/British Swimming Data Protection Notice in relation to the collection and use of my information.

Date* . .

The section below must be signed by the parent/guardian of any member under the age of 18 years. As the parent or person in loco-parentis of the swimmer named above, I certify that the personal details are correct. I agree to him/her, if selected, submitting to the official Doping Control at any time when requested and him/her abiding by the rules of the ASA and British Swimming. I also agree to release his/her personal and other details for the purposes overleaf.

Signed

Date . .