|  |  |
| --- | --- |
| C:\Users\user\Documents\LSSSLOGOSMLRGB\LRSSSlogo.jpg | 826a Green Lanes  Winchmore Hill  London, N21 2RT  [www.londonsynchro.org](http://www.londonsynchro.org)  enquiries@londonsynchro.org |

**LONDON SQUAD APPLICATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | | | First name: | | | |
| Date of Birth: | | | Sex: (Please circle) Male / Female | | | |
| Address:  Postcode: | | | | | | |
| Home Phone No: | | | Mobile Phone No: | | | |
| E-mail Address:  Aquavision mainly uses e-mail to communicate so please include extra e-mail addresses if necessary. | | | | | | |
| Emergency Contact 1: | | | Emergency Contact 2: | | | |
| Name: | | | Name: | | | |
| Contact Number: | | | Contact Number: | | | |
| Relationship: | | | Relationship: | | | |
| Name of Club? | | | | | | |
| Medical Details | | | | | | |
| Doctor’s Name & Address:  Doctor’s Telephone Number: | | | | | | |
| Do you have any of the following? (Please circle) | | | | | | |
| Asthma | Hay fever | Migraine | | Diabetes | | Allergies |
| Do you have any other medical conditions the club should be aware of? | | | | | | |
| Do you take any prescribed medication?  If Yes, you MUST complete an ASA Medication Declaration : <http://www.swimming.org/library/document/medical-declaration-form>  This form must be completed on an annual basis while the medication is being taken. | | | | | | |
| Do you have any special requirements? | | | | | | |
| Agreement | | | | | | |
| I agree to pay the trial fee of £30 | | | | | Yes / No | |
|  | | | | | | |
| I consent to my photograph being used for publicity purposes | | | | | Yes / No | |
| If applicant under 18 years of age please enter parent/guardian name: | | | | | | |
| Signature of Guardian: | | | | | Date: | |
| Signature of Swimmer: | | | | | Date: | |

All data collected on this membership form will be kept securely by personnel and medical/disability information will be provided to teachers/coaches on a need to know basis.

If at any time any of the above details change please contact the membership secretary.

**Please post this form to the address on the top right.**