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| --- | --- |
| C:\Users\user\Documents\LSSSLOGOSMLRGB\LRSSSlogo.jpg | 826a Green LanesWinchmore 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.**