

Membership Application

KILLERWHALES SWIM CLUB OF HAVERING	
(Please use block capitals)	
Name:	
Address:	Home Phone: E mail: (for Whalemail) Mobile Phone: (for Text Alerts)
Date of Birth:	Gender: Male / Female
Do you consider that you have a disability? If so, Disabled category:	Ethnic origin: (Self-description)
Contact in case of emergency 1 Name: Address: Relationship:	Tel No: Tel No: Tel No:
Contact in case of emergency 2 Name: Address: Relationship:	Tel No: Tel No: Tel No:
Do you have a medical condition? Allergies?:	Category of membership (please circle): Swimming – child Swimming – masters Coach/Teacher/Official/Volunteer Parent/guardian of swimmer
Do you take declarable medication?: (squad swimmers only)	How did you hear of Killerwhales Swim Club ?:
Signed (applicant): Date:	Signed (parent/carer - if applicant under 18 years): Date:
Would you be prepared to become a volunteer helper <input type="checkbox"/> Yes / <input type="checkbox"/> No	What are your relevant qualifications:
Are you happy for your child to be photographed for club purposes? <input type="checkbox"/> Yes / <input type="checkbox"/> No (if not indicated then the club will assume that you have consented)	
Please return to Club / Membership Secretary OR YOUR COACH Name: Dave Sida or Jon Cummins Address: 439 Mawney Road, Romford, Essex, RM7 8PX Email: membership@killerwhalessc.com or secretary@killerwhalessc.com	