

**JERSEY SWIMMING CLUB**  
**SENIOR MEMBER APPLICATION 18+**  
**2020**



*Teaching the Island  
to swim since 1865*

Welcome to Jersey Swimming Club. To ensure that the club has your correct contact details please complete this form and return to the Club Administrator. Club coaches need to know this information to ensure the safety and well-being for all adult swimmers

Name	
DOB	
Gender	
Address	
Home telephone number	
Mobile number	
Email address	
Emergency contact name	
Emergency contact number	
Details of any known special dietary requirement/allergies/disability/medical conditions	

**Swimmers Statement**

I will inform the club coach of any important changes to my health, medication or needs and also of any changes to my address or contact telephone numbers provided. I give permission for medical treatment to be administered by a nominated first aider or qualified medical practitioner in the event of illness, accident or injury

Signature	
Print Name	
Date	

**DATA PROTECTION**

Jersey Swimming Club ensures it complies with the Data Protection (Jersey) Law 2018. Details can be found on the Home page of the Jersey Swimming Club's website. By submitting this form, consent is deemed to have been given for the use of your details to be kept and used when necessary for the running of the