



## JERSEY SWIMMING CLUB SENIOR MEMBER APPLICATION 18+ 2017

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 Law (Jersey) 2005** the information provided by you on this form is required by Jersey Swimming Club for the purpose of club administration and appropriate coaching. Information supplied by you will be disclosed to the sports coach. The information will be securely disposed of when your membership is terminated.

