



**ORION SWIMMING CLUB
MEMBERSHIP APPLICATION FORM 2017**



Swimmer's Name		Club Accredited
Date of Birth and Gender	/ /	Male/Female
Orion Group on Joining		
Adult Member	Miss/Ms/Mr./Mrs/Dr. Name	
Adult Member's Date of Birth		
Adult Member's Status	Parent/Guardian	
Optional 2nd Adult Member (2 nd Adult Membership of Orion and ASA must be paid)		
2 nd Adult Member Status	Parent/Guardian	
2 nd Adult Member's Date of Birth		
Home Address		
Postcode		
E-mail Address		
Home Phone Number		
Mobile Phone Number		
Additional Contact		
Additional Contact's Telephone No.		
2 nd Additional Contact		
2 nd Additional Contact's Telephone No.		
Car Registration Number(for parking permit)		
Joining Date		
Does the swimmer belong to another club?	Yes/No	If Yes, please give the name of the club below.
Club Name		
Doctor's Address		
Doctor's Telephone Number		
Asthma	Yes/No	
Epilepsy	Yes/No	
Any Regular Medication?		
Any Medical Condition?		
Registered Disability		
Disability Category		
Any Emergency Treatment Not Authorised?		
I consent to the transport of the above swimmer by another Orion SC club member or official to and from swimming galas, training sessions and other Orion SC events		
		Yes/No
I give permission for the above swimmer to be photographed or recorded on video during swimming or social events		
		Yes/No
Data Protection Act 1998: I understand that by submitting this form, I am consenting to receiving information about Orion SC and the ASA by post, email, SMS/MMS, online or phone unless stated otherwise.		
Offers and Opportunities (for Cat 1/2 and Cat 3 - please tick any of the relevant boxes below)		C1 C3
No thank you, I don't want British Swimming/the ASA to send me details of products and services.		
No thank you, I don't want British Swimming/the ASA to send me details of events.		
No thank you, I don't want British Swimming/the ASA to send me details from commercial partners.		
If you do not want details of your achievements to be visible on the British Swimming Website, please tick here.		
Country of Representation		
ASA Category (see letter)		
ASA Fee	£16.90 (Cat 1) or £33.50 (Cat 2)	(Please delete as appropriate.)
Adult ASA Fee	£13	
Administration charge for sending SO form to bank	£1	
Total Payment Due	£	
Payment Method	Online payment/Cheque Enclosed/Payment made via swim portal (please delete as appropriate)	

Signed: _____

Date: _____