



**ORION SWIMMING CLUB
MEMBERSHIP APPLICATION FORM 2019**

Swimmer's Name		
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 – <i>please delete</i>	
2nd Adult Member (Optional)		
2 nd Adult Member Status	Parent/ Guardian – <i>please delete</i>	
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.		
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 have read Swim England's Privacy Notice	Yes/No	
I have read Orion SC's Privacy Notice	Yes/No	
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	
Country of Representation		
SE Category (see letter)		
SE Fee	£17.70 (Cat 1) or £35.25 (Cat 2)	(Please delete as appropriate.)
Adult SE Fee	£11.20	
Total Payment Due	£	
Payment Method	Swim Portal payment/ BACS payment/Cheque Enclosed (please delete as appropriate)	

Signed: _____

Date: _____