



## BRIDGEND COUNTY SWIM SQUAD = NEW JOINER FORM

<b>SWIMMER DETAILS</b>	
<b>NAME</b>	
<b>DATE OF BIRTH</b>	
<b>SEX</b>	MALE / FEMALE
<b>DISABILITY / MEDICAL INFORMATION WHICH NEEDS TO BE ALERTED TO COACHING STAFF</b>	
<b>PARENTS INFORMATION</b>	
<b>PARENTS / GUARDIANS FULL NAMES</b>	
<b>ADDRESS FOR CORRESPONDENCE AND ISSUE OF PAPERWORK</b>	
<b>CONTACT TELEPHONE No.</b>	
<b>IS YOUR CHILD A MEMBER OF ANOTHER RSWIMMING CLUB?</b>	YES / NO (If YES please provide the Swim Wales transfer form)
<b>PARENT / GUARDIAN E-MAIL ADDRESS</b>	
<b>SIGNATURE OF PARENT</b>	
<b>DATE</b>	

### **Notes to Parent / Guardian**

Please complete this form and hand back to the coach at the session this evening. The form will be passed to me and I will be in touch with you as soon as possible with regards to the paperwork required to be completed in order for your child to become a member of Bridgend county swim Squad. Paperwork will include a Swim Wales Membership form and payment instruction, standing order information for your Bridgend County Swim Squad monthly fees, details on medication forms required by the sport's governing body and other essential information required by the club for our database management.

**PLEASE EMAIL THIS FORM TO: [bcss-membership@bridgendcounty.co.uk](mailto:bcss-membership@bridgendcounty.co.uk)**

Thank you for your co-operation  
Kate Ashton  
Membership Secretary BCSS