

MEMBERSHIP FORM 1 ~ NEW MEMBERS



LEICESTER PENGUINS SWIMMING CLUB Affiliated to the ASA, East Midland Region & Leicestershire ASA

First Name _____ Surname _____

Date of Birth _____ Telephone _____

Address (incl)
Post Code: _____

New Membership No. _____ **ASA Membership No** _____
(f known)

First Swim Date _____ **Joining Date** _____

Do you or your child; suffer from any of the following medical conditions:

Medical condition	Y/N	Medical condition	Y/N
Asthma		Epilepsy	
Diabetes		Allergies	
Learning Difficulties		Hearing impairment	
Visual impairment		Other	

Please note that the club is only interested in medical conditions that may have a bearing on you or your child within the context of swimming. If you have answered yes to any of the above medical conditions please provide any special instructions that poolside helpers should be aware of (these details will be passed to team managers and coaches).

Special Medical Notes/Instructions:

Please confirm the following swimming details

Question:	Y/N	Comments
Do you/your child swim with City of Leicester?		
Are you/your child registered with another club?		
Are child applicants at least 6 years of age and have passed the Leicester Penguins Swimming Entry Test		
Is there more than one member in your family applying for membership? If yes please indicate numbers!		

Applicants signature _____ **Date** _____

Parent/Guardian's signature _____
(Parent/Guardian ~ have you completed the details overleaf? > > >)

Desk Official _____

Pool _____

Subscription Paid £ _____

Included in family group payment Y/N

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Dear Parent/Guardian,

You should be aware that Leicester Penguins is a competitive swimming club. Our objective is not to produce a champion but to create an environment where champions are inevitable and swimmers enjoy their swimming. The club relies heavily on the voluntary efforts of parents/ guardians in the day to day running of the club. The success of swimmers in the water is normally reflected by the amount of effort and support provided by parents and guardians. It is therefore expected that parents will be willing to help the club in a voluntary capacity or to assist in fundraising activities.

Parent/Guardian membership application *

First Name: _____ Surname _____

Home contact Tel No. (if different from overleaf) _____

Work Tel No. _____ **E:Mail** _____

Applicants signature: _____

Question	Y/N	Comments
Have you read the club handbook?		
Have you seen the Fixtures List?		
Do you have or have access to a Computer ? > If Yes are you/or about to be linked up to the internet? > If Yes do you use Microsoft applications? > If Yes are you a proficient user of Microsoft applications		
Do you have any project management or clerical skills?		
Do you have any finance related skills?		
Do you have any ASA certificates?		*
Do you have any teaching/coaching experience?		*
Do you have any Lifeguard certificates/experience?		
Do you have any other experience that you feel would be beneficial to the Club.		
Would you prefer any support/assistance that you can give to be: A) Poolside related. B) Activities that you can 'fit in' at home. C) Either.		
Would you like to become a Pool Lifeguard for the club?		

* **Current teachers, coaches and officials should apply on membership form 3.**
