

JERSEY SWIMMING CLUB

SENIOR MEMBER APPLICATION FORM

(OVER 18) 2025



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 – Female/Open	
Address	
Home telephone number	
Mobile number	
Email address	
Emergency Contact Name	
Emergency Contact Number	
2 nd Emergency Contact Name	
2 nd 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 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

Code of Conduct

I confirm that I have read and agree to abide by the code of conducts and the club policies. I acknowledge receipt of the rules of Jersey Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

I can confirm I have read all the above and completed all the relevant forms mentioned.

Signature	
Print Name	
Date	