Swim England Club Compete Registration Form
Please complete this form in black ink and use block capitals

(\* Mandatory)



Membership Number (If Known)	D.O.B*
Title* Forename*	Middle Initials
Known as Surr	ame*
Address*	
Post Town*	Post Code*
Home Tel* Mot	olle
Email*	
Email	
Parent Email (if member is under 18)	
Gender*	
Male Female	
Country of International Representation*  England Scotland Wales Other (please specified in the control of the	pecify)
Disciplines* (indicate all)	
Swimming W Polo Synchro	Diving Open Water
Masters Swim Masters W Polo Masters Synchro	Masters Diving Masters Open Water
Club Code Date of Joining	Club Officer Signature*
Rank Club	
Rank Club	
Rank Club	
Note: The list of clubs of which you are a member of must be completed in chronological complete and the com	pical order i e in order of the longest CONTINUIOUS membership
Trote. The list of clubs of which you are a member of must be completed in chronolog	gical order i.e.iii order of the longest convintocoo membership
Here at Swim England we take your privacy seriously and will only use your personal found at www.swimming.org. Please take some time to read the policy to understand	
Some of your information will be made visible on swimmingresults.org, including listil listing on British Rankings:	ng or your acnievements, entry to competitive events, piographies or
If you do not agree with this you can change your preferences at any time thro OMS will be sent to you along with your Swim England Membership confirmat	. , ,
Consent As a member I agree to abide by the rules and regulations of Swim England and Bri	ish Swimming which can be found at
http://www.swimming.org/assets/uploads/library/Swim_England_Handbook.pdf.	<u> </u>
As a member I agree if selected to submit to official doping-control at any time when Doping Rules at https://www.britishswimming.org/performance/swimming/anti-doping-control at any time when Doping Rules at https://www.britishswimming.org/performance/swimming.org/performance/swimming-control at any time when Doping-control at any time at a second at a	
Signature of club member*	Date*
The section below must be signed by the parent / guardian of any member under the	
swimmer named above. I agree to him / her, if selected, submitting to the official dorrules of the ASA and British Swimming. I also agree to release his /her personal and	ing-control at any time when requested and him / her abiding by the