



**ORION SWIMMING CLUB
APPLICATION FORM 2012**



Swimmer's Name	
Date of Birth	
M/F	
Group	
ASA Category (see letter)	
Joining Date	
Does the swimmer belong to another club?	
Club Name	
Home Address	
Postcode	
E-mail Address	
Mobile Phone Number	
Home Phone Number	
Adult Member	Miss/Ms/Mr./Mrs/Dr.
Adult Member 2	
Adult Status	Parent/Guardian
Doctor's Name	
Doctor's Address	
Doctor's Telephone Number	
Asthma	Yes/No
Epilepsy	Yes/No
Regular Medication	
Medical Condition	
Registered Disability	
Disability Category	
Any Emergency Treatment Not Authorised	
Additional Contact	
Additional Contact Telephone	
2 nd Additional Contact	
2 nd Additional Contact Telephone	
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	
ASA Fee	£7.40 (Cat 1) or £24.20 (Cat 2) Please delete as appropriate
Orion Fee	£14.00
Adult ASA Fee	£4.20
Adult Orion Fee	£7.00
Total Payment Due	£

Signed: _____

Date: _____