



# Ruthin Rays Membership Application Form

SWIMMER DETAILS				
FORENAME		ADDRESS		
SURNAME				
TELEPHONE				
DATE OF BIRTH		POST CODE		
EMAIL				
Do you speak Welsh? (please circle)	Fleunt	No	Learner	Second language
PARENT/GUARDIAN DETAILS				
NAME		ADDRESS (if different)		
RELATION				
HOME TEL				
MOBILE TEL		POST CODE		
E MAIL1				
E Mail 2 (if required)				
Please be clear with your email address. It is our primary method of communication.				
EMERGENCY CONTACT (if different to the above)				
NAME				
RELATION				
HOME TEL		MOBILE TEL		





<b>MEDICAL INFORMATION</b>										
DOCTORS NAME										
SURGERY ADDRESS										
TELEPHONE										
PLEASE STATE ANY MEDICAL CONDITION										
Any medication required must be made available poolside and clearly labelled										
<b>PHOTOGRAPHY &amp; VIDEO</b>										
Please circle whether you agree or disagree for your child to be photographed or videoed during club activities by registered committee members and/or coaches for training analysis, website, social media and press releases. AGREE / DISAGREE										
<b>RUTHIN RAYS MEMBERSHIP FEES – April 2019 to March 2020</b>										
1	Annual fee to Swim Wales to cover Insurance									£35
2	Monthly Fee to be paid by standing order on the 5 <sup>th</sup> of each month									
	BLUE	£20	WHITE	£20	RED	£25	SILVER	£30	GOLD	£30
	£2 monthly discount for each additional family member									
<b>SIGNATURES</b>										
As a member I agree to the club rules and have read and agree to the swimmers code of conduct, I will behave in a decent and respectful manner to other members, parents, coaches and lifeguards.										
SIGNATURE OF MEMBER							DATE			
As a parent/guardian I agree to the club rules and have read and agree to the parents code of conduct										
SIGNATURE OF PARENT/GUARDIAN							DATE			
Email is our primary method of contact, by signing the above form you agree to receive emails about club activities and important club information										

