



Ruthin Rays Membership Application Form

SWIMMER DETAILS				
FORENAME			ADDRESS	
SURNAME			POST CODE	
TELEPHONE				
DATE OF BIRTH				
EMAIL				
Do you speak Welsh? (please circle)	Fleunt	No	Learner	Second language
PARENT/GUARDIAN DETAILS				
NAME			ADDRESS (if different)	
RELATION			POST CODE	
HOME TEL				
MOBILE TEL				
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	
MEDICAL INFORMATION				
DOCTORS NAME				
SURGERY ADDRESS				
TELEPHONE				
PLEASE STATE ANY MEDICAL CONDITION				
Any medication required must be made available poolside and clearly labelled				

PHOTOGRAPHY & VIDEO

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

RUTHIN RAYS MEMBERSHIP FEES – April 2019 to March 2020

1	Annual fee to Swim Wales to cover Insurance									£35
2	Monthly Fee to be paid by standing order on the 5 th of each month									
	BRONZE RAYS	£20	SILVER RAYS	£20	GOLD RAYS	£22	BRONZE SQUAD	£25	SILVER SQUAD	£30
	GOLD PERFORMANCE SQUAD			£35						
	£2 monthly discount for each additional family member									

SIGNATURES

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	
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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	
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Email is our primary method of contact, by signing the above form you agree to receive emails about club activities and important club information