

# SWIM WALES / BRITISH SWIMMING REGISTRATION FORM



CATEGORY 1 2 3 4 5 7 9

Registration ID - *If Known*

DOB

Title Forename Middle Initials Surname

Address

Post Code

Telephone

Email

Gender

Ethnicity

Do you speak Welsh? *If so please indicate your level*

Country of International Representation - *Wales / England / Scotland / Other, Please specify*

## Disciplines

Swimming / Water polo / Artistic / Diving / Open Water / Masters Swim / Masters Water Polo / Masters Artistic / Masters Diving / Masters Open Water. Please indicate all, using a comma to separate each discipline.

## Disability Details Please mark the nature(s) of disability.

Ambulant

Hearing

Learning

Visual

Wheelchair

For guidelines about dual recognition and rank club, visit [British Swimming website](#)

Club Code	Dual Recognition (Mark 2 only)	Rank Club (Mark 1 only)	Date of Joining	Club Officer Signature
	Dual Rec	Rank Club		
	Dual Rec	Rank Club		
	Dual Rec	Rank Club		

Note: The list of clubs which you are a member must be completed in chronological order of longest CONTINUOUS membership.

## Mark here if this is an individual membership

## CONSENT

I confirm that I am a member of the clubs listed above. I confirm that I will submit myself to official Doping Control at any time when requested. I agree to abide by the rules of SWIM WALES and British Swimming. I understand that by submitting this form, I am consenting to receiving information about SWIM WALES/British Swimming initiatives from SWIM WALES/British Swimming and their commercial partners by post, SMS/MMS, online or phone unless I tell you otherwise.

### Offers and opportunities - Please mark any of the relevant boxes below:

No thank you, I don't want British Swimming/SWIM WALES to send me details of products and services.

No thank you, I don't want British Swimming/SWIM WALES to send me details of events.

No thank you, I don't want British Swimming/SWIM WALES to send me details from British Swimming/SWIM WALES's commercial partners.

### Hide my details (This may affect your ability to enter events - please see overleaf)

If you do not want details of your achievements to be visible on the British Swimming website, please mark here

Signature of club member

Date

The section below must be signed by the parent / guardian of any member under the age of 18 years. As the parent or person in loco-parentis of the swimmer named above, I certify that the personal details are correct. I agree to him / her, if selected, submitting to the official Doping Control at any time when requested and him / her abiding by the rules of SWIM WALES and British Swimming. I also agree to release his / her personal and other details for the purposes below.

Signed

Date