

DUNDEE CITY AQUATICS

MEMBERSHIP FORM 2008

SQUAD	
SURNAME	
CHRISTIAN NAME(S) (IN FULL)	
DATE OF BIRTH	
SEX	
ADDRESS	
TELEPHONE NUMBER	
EMERGENCY CONTACT NUMBER WHEN CHILD IS SWIMMING	
* E-MAIL ADDRESS	

I HAVE READ AND ACCEPT THE TERMS OF THE CODE OF CONDUCT OF DUNDEE CITY AQUATICS.

SIGNED.....DATED.....
 (Parent or Guardian of swimmers under 16)

*** PLEASE SUPPLY AN E-MAIL ADDRESS WHEREVER POSSIBLE, PREFERABLY ONE ACCESSED REGULARLY BY PARENT AS CANCELLATIONS AND NEWSLETTER INFORMATION MAY BE CIRCULATED BY EMAIL.**

FOR OFFICE USE ONLY	CHEQUE NO	BANK NAME	AMOUNT OF CHEQUE	SASA NUMBER
DATE OF CHEQUE				