## **Confirmation of Commitment Form**

Swimmer Name	Date of Birth	
	Tato or Bill	
The members of the Heath Town Swimming Club who are under the age of 16 years have no voting rights at any general meetings of the club. Parents/carers of swimmers under the age of 16 may themselves join the Heath Town Swimming Club as associate non swimming members and in doing so that parent/carer will be eligible to vote. Such membership may require a fee payable to the club and the ASA, the cost of which will be met by the parent/carer concerned Further information can be obtained from the club's Membership Secretary.  The declaration at the bottom of this form should be signed by the swimmer or the parent/carer		
if the swimmer is under 16 years of age.		
Name of Parent/Carer	Address (i	f different from swimmer)
Additional Emergency Contact Information		
The information should be completed together with the ASA membership Forms described above. In case of any emergency, please complete below an alternative name, address and telephone contact details (not those included on the ASA Registration Form) ie., another family member or a friend, who can be contracted should parents/carers not be available.		
Contact Name(s), Address and Telephone Number(s) please include any mobile numbers which may be used in an emergency.		Relationship to Member
I acknowledge receipt of the rules of Heath Town Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.		
I understand that, in compliance with the Data ensure that this information is accurate, kept connection with the purpose and activities of person is no longer a member of the club. members of the club for whom it is appropriate Association of British Swimming.	up to date and the club. Ir The informati	d secure and that it is used only in formation will not be kept once a on will be disclosed only to those
Swimmer Signature		Date
Parent/Carer Signature		
Please return this form to		