



## **Ballymoney Amateur Swimming Club**

### **Re-registration for existing members 2019/20 season**

Dear Parent/ Guardian

Please complete the slip below for existing members and return on or before **Monday 17th June 2019 to confirm and guarantee swimmer's place for next season**. Please email back to me [bascmembership@gmail.com](mailto:bascmembership@gmail.com). Fees will be determined at the AGM on Tuesday 10th September 2019.

Regards

Andrea Nicholl – [bascmembership@gmail.com](mailto:bascmembership@gmail.com) - 07717696196

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**Name of Parent/Guardian** \_\_\_\_\_

**Home address** incl postcode  
\_\_\_\_\_  
\_\_\_\_\_

**Mobile phone no** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Are you/partner/swimmer a member of the club Facebook page? Yes/ No**

Name on FB account/s \_\_\_\_\_

**Name(s) of child(ren) returning to BASC**

\_\_\_\_\_  
DOB: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_

**Update to medical history**

**Name of child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which Primary/Secondary school swimmer due to attend Sept 19**

Child 1 \_\_\_\_\_ - \_\_\_\_\_  
Child 2 \_\_\_\_\_ - \_\_\_\_\_  
Child 3 \_\_\_\_\_ - \_\_\_\_\_  
Child 4 \_\_\_\_\_ - \_\_\_\_\_

**Name(s) of child(ren) not returning to BASC**

\_\_\_\_\_

**Reason for leaving** (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_