

Registration form



LESMURDIE LEGENDS
SWIMMING CLUB

Swimmer details			
Surname:		Given names:	
Date of birth:		Gender:	
Street address:			
Suburb:		Email:	
Telephone (H):		Mobile:	
School attending:			
Parent/guardian details			
Surname:		Given names:	
Street address:			
Suburb:		Email:	
Telephone (H):		Mobile:	
Swimming WA - Lesmurdie Legends Swimmg Club details			
SWA member type :		SWA member class:	
<i>(Annual junior, Annual or Parent/Guardian)</i>		<i>(Competitive or Non-competitive)</i>	
SWA ID:		ASI ID:	
Fees payment date:	SWA annual fee		
	Club fee		
Legends Squad:			
<i>(Junior, Intermediate or Senior)</i>			
Training days:	Monday		
<i>(Please Indicate Yes/No)</i>	Tuesday		
	Wednesday		
	Thursday		
	Friday		

Lesmurdie Legends Swimming Club Inc
St Brigid's College, Lesmurdie, WA

E: Registrar.LLSC@hotmail.com

W: Lesmurdielegends.org.au

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Medical conditions and Emergency contacts			
Medical condition:			
Medication(s) and action required:			
Doctor contact			
Doctor's name:		Medical Practice:	
		Telephone:	
Emergency contact 1:			
Name:		Relationship:	
Telephone (H):		Mobile:	
Emergency contact 2:			
Name:		Relationship:	
Telephone (H):		Mobile:	
<i>I the undersigned, hereby apply for membership of the Lesmurdie Legends Swimming Club Inc under the terms and conditions laid down in the current rules and constitution. Parent/guardian to sign if swimmer is under 18.</i>			
Signed:		Date:	
Additional information/comments			

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