

# Warrington Dolphins LDSC Membership Application Form 2025/2026

#### **Guidance Notes:**

- 1. The Club constitution requires that applicants are required to complete a witnessed 400m swim or provide documentary evidence of that requirement.
- 2. Membership Class: The Club has six Membership classes as stated below. Ages are as in the year of application.
  - 1. Senior Applicants are 18 years of age on the 1st January
  - 2. Junior Applicants are 12 to 17 years of age on the 1st January
  - 3. Student Applicants are 18 years of age and in full time education.
  - 4. Country Applicants live greater than 40 miles from Warrington.
  - 5. Life Appointed by Committee
  - 6. Honorary Appointed by committee
- Membership fees: Membership fees must be paid on application. Fees can be paid in cash to a
  Committee Member or Club coach, by Cheque or Credit transfer. For a family more than one junior
  Member, the second and subsequent junior Members are at half price. In the case of hardship please
  contact the Club
  Secretary.

### 4. Membership fees.

There is an annual Membership £10 and is due on completion of the Membership form and thereafter in February of the new Club year (See Rule 12.2)

#### 5. Payment of Fees

- 1. By Cash to a Committee Member or Club coach. To whom the payment must be stated. and date of payment.
- 2. By Cheque made Payable to Warrington Dolphins LDSC.
- By Credit transfer, Bank transfer details
   Lloyds TSB Sort Code 77- 19-25 Account No 25560468
- **6. Personal Accident Insurance**. The Club has taken out additional insurance to cover Members for PA irrespective of whether the Member joins another swimming organisation.
- 7. **BLDSA**. If Members wish to compete in BLDSA events, they must become Members of the BLDSA. Contact the Secretary at BLDSA.org.

Information given in this Membership application will stored in paper format and/or on a computer storage device in a secure location(s) and will only be available to the Warrington Dolphin LDSC administrative team. Warrington Dolphins LDSC undertakes not to share any given information in this application form with any third party.

## Please tick the appropriate box

New Member						
Personal Details						
Surname: Forna	Forname(s):				DOB	
Address			Post cod	e	Gender:	
Telephone N° Landline			Mobile			
Email address:			l			
Emergency Contacts	Number			Rel	ationship	
Landline telephone No						
Mobile telephone No						
<del></del>						
Media						
The Club may, for promotional po	•					
along with names and results in If you do wish information and/or please tick this box.						
If you do wish information and/or						
If you do wish information and/or please tick this box.  Whats app	r photographs	s about y	ourself disp	laye	ed in the media	
If you do wish information and/or please tick this box.  Whats app	r photographs	s about y	ourself disp	laye	ed in the media	
If you do wish information and/or please tick this box.  Whats app	on the Club	s about y	ourself disp	laye	ed in the media	
If you do wish information and/or please tick this box.  Whats app  f you do not wish to be included	on the Club	's whats	ourself disp	laye	ed in the media	
If you do wish information and/or please tick this box.  Whats app  f you do not wish to be included  Membership Class required	on the Club	's whats	ourself disp	laye	ed in the media	
If you do wish information and/or please tick this box.  Whats app  f you do not wish to be included  Membership Class required  Senior	on the Club	's whats	ourself disp	laye	ed in the media	
If you do wish information and/or please tick this box.  Whats app  If you do not wish to be included  Membership Class required  Senior  Junior  Student  Life Selected by Committee	on the Club	's whats	ourself disp	laye	ed in the media	
If you do wish information and/or please tick this box.  Whats app  If you do not wish to be included  Membership Class required  Senior  Junior  Student	on the Club	's whats	ourself disp	laye	ed in the media	

[Type here]

Previous Long Distance Swimming	Ехре	erience			
	•				
New Members Only. 400m Qualifyi	ng				
Swim					
Name of witness		Witness signature		Date	
		,			
	l .				
Cash.	1 -			t Transfer.	
Please indicate to whom the payment was made and the date.		To accompany this application form		Please indicate date of transfer and amount paid. See sheet1 for bank	
				details	
information only in the I have read and agree	on Do e case to ab	o use my email address for Club co lphins LDSC to use my emergency e of an emergency at a Club event. ide by the Warrington Dolphins LD SC website. (warrington-dolphins.o	contact of SC const	details and Medical and disability	
pplicant's Signature:	Date	Date			
arent or Guardian for Junior Members					
ease return the completed application	n form	to the Membership Secretary			
Ir Stuart Ainsworth					
4 Kenilworth Road					
neadle Heath					
ockport					
(3 0QN					
el Nº Landline 0161 282 1289					

Mobile 07896 824895