



NATIONAL SQUAD MEMBERSHIP FORM 2020

Name: _____

Address _____

Phone: Land: _____ Mobile: _____

E-mail: _____

Date of Birth: _____

Team Gear Measurements: Ordinary Size: _____

Height _____ Waist _____ Chest _____ Inside Leg _____
(Please fill out all the measurements to ensure gear is the right size)

Please Tick:

- I enclose documentation of medication, if applicable
- I understand that drug testing may take place at international competition. I agree to this.
- I am a current member of WSI
- I agree to be bound by the WSI team selection process
- I agree to my photo be taken under the WSI guidelines for use in the promotion of the sport in the press, online or printed material.
- I agree to receiving Texts & Emails to the details given above in relation to National Squad information

Signed Swimmer: _____

Signed Parent: _____ (if competitor is under 18)

Please return to: Alison Deane, 5 Cnoc na Caithne, Quin, Co Clare or alison.deane@travelinc.com