



REGIONAL SQUAD MEMBERSHIP FORM 2018

Name: _____

Address _____

Phone: Land: _____ Mobile: _____

E-mail: _____

Date of Birth: _____

Team Gear Measurements: Ordinary Size: _____

Parent/Guardian Name: _____

Parent/Guardian Number: _____

Please Tick:

- I enclose documentation of medication, if applicable
- I am a current member of WSI
- 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/Regional Squad information

Signed Swimmer: _____

Signed Parent: _____

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