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**MASTERS REGISTRATION FORM 2017-2018**

FULL NAME …………………………………………………............................ Male / Female

DATE OF BIRTH……………………………………………………………………………….

TEL………………………………………...EMAIL....................................................................

RESIDENTIAL ADDRESS…………………………………………………….........................

PASSPORT: NATIONALITY…………………..…….....NUMBER…………………….........

DATE OF ISSUE AND EXPIRY………………………………………………………………..

MEDICAL INFORMATION……………………………………………………………………..

***DETAILS OF EMERGENCY CONTACT***

NAME (1)……………………………...……………...………………………….............

TEL (1)……………………..…………….……..………………………………………………...

EMAIL………………………………….............………………………………………………..

**DECLARATION**: I …………………………………………….. hereby consent to be registered as a swimmer with TORPEDOES SWIM CLUB. I agree that we will adhere to the rules and regulations of the club.

SIGNATURE …………………………….................... DATE………………………………..