



GMSC MEMBERSHIP FORM 2026

Section 1 – Personal Details and Declaration

Please fill in all items in this section.

Title:	First name:	Surname:
Known as:	D.O.B.:	
Address:	Contact tel. no.:	
	Email: (Will be used to send all club communications)	

I am aware of the need to seek appropriate medical advice if I have any concerns as to the state of my health. I have not been informed by any medical practitioner and I do not have any knowledge of any medical condition which would make it inadvisable for me to participate in the GMSC swimming sessions. Accordingly, I declare that I am physically fit and well to participate in Club swim sessions.

I am aware of and appreciate the inherent risks involved in such training including the possibility of injury and accident. I undertake to always conduct myself in a safe and responsible manner.

I further undertake at all times to take all reasonable safety measures for the protection of myself and fellow swimmers and to inform the Coach of any concerns I may have as regards to safety.

I understand that my personal data will be used as described in the Privacy Notice and I hereby give my consent to such use.

I hereby agree to abide by and be governed by the rules and regulations of Gloucester Masters Swimming Club and of Swim England.

Signed:

Date:

GMSC Rules and Privacy notice are available on our website- <https://www.gloucestermasters.com/membership/>

Section 2 – Gloucester Masters SC Membership

Please tick the box next to the type of membership that applies to you.

	Membership Type
☐	Standard Member
☐	Concessions (65+ years of age on 31 Dec. or full-time student*)

Notes:

Concession rate 20% discount off the standard fee

* Students must provide proof of status

Section 3 – Swim England (ASA) Membership

Please tick the membership type and circle/complete the country and category as appropriate.

	Membership Type
☐	ASA Category 1 - Club Train (Non-competitive swimmer)
☐	ASA Category 2 - Club Compete (Competitive swimmer)
☐	Country for which you will be swimming (e.g. England, Scotland, Wales): Category in which you will compete (i.e. Male/Open, Female):
☐	My ASA registration fees are paid through another club Name of club: _____ My ASA No.: _____

Section 4 – Fees

Fees will be advised when this form has been processed. Our current fees are available on our website.

A quarterly pro-rata reduction is made for NEW members joining part way through the year.

LIDO only membership (6 months) will be half of the annual fee

Please return forms by email to: **membership@gloucestermasters.com**