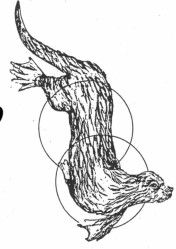


Oban Otters ASC

Application For Membership



Surname:.....

First Name:.....

Date of Birth (Must be at least 5 yrs).....

Tel No

Address:

Post code

e-mail:.....

Date of Application:.....

Name of Parent/Guardian:

All applications must be in writing only, a telephone call will not be accepted as an application. Upon receipt of application, an e-mail acknowledgement will be sent to you.

Please list current swimming capabilities or any other relevant details overleaf.

Please send to:

Rebecca MacKinnon

Oban Otters

c/o Atlantis Leisure

Dalriach Road, Oban

PA34 5JE

or scan and email to obanotters@aol.com

For Club use only: Received

Childs current swimming capabilities:.....
.....
.....
.....
.....
.....

Oban Otters classes are taught by SASA qualified Teachers and Assistant Teachers in the main on a voluntary basis. The posts are generally filled by parents and former swimmers and regular courses are held to ensure each volunteer is adequately qualified.

The Club is operated by a Committee made up of willing parents, again on a voluntary basis.

Without the Teachers and Committee Members the club could not operate successfully.

If you would be willing to volunteer a little of your time to help please indicate below;

I would be interested in / would like further information in the following:

Poolside Helper

Assistant Teacher (ASA Level 1).....

Teacher (ASA Level 2)

Committee Member.....

Name

Signed.....