



**Membership application form** Schwimmclub Flös Buchs

Membership number No.
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Family name: ..... First name: .....

Address: ..... Nationality 1: ..... Nationality 2: .....

Zip code: ..... City: ..... Date of birth: .....

Phone number: ..... Mobile number: .....

Entry date: ..... E-Mail: .....

Swimming  F  M

Artistic Swimming  Group: .....

**Members are responsible for their own insurance!**

**Membership cancellations should be submitted to the board in writing.**

**By signing this form, I confirm that I/my child am/is healthy and that I/my child can safely participate in the training sessions and competitions. I allow the SC Flös to post photos of me/my child on its homepage, its Facebook site and in the newspapers.**

Date: ..... Signature: .....

- Legal guardians should sign for minors.

Please submit completed form to Schwimmclub Flös, Postfach 805, 9471 Buchs or to [tech.leiter@scfloesbuchs.ch](mailto:tech.leiter@scfloesbuchs.ch) or give it to your coach.