

St Albans Girls' School Business & Enterprise College

MEMBERSHIP APPLICATION FORM
15 May - 26 September 2010



Please enrol the following members of my family:

	FORENAME	SURNAME
MR		
MRS		
MS/MISS		

	AGE	FORM AT STAGS	NEW/OLD PUPIL
CHILD 1			
CHILD 2			
CHILD 3			

If your child will be leaving STAGS at the end of this summer and you wish to remain a member, please tick this box and next year we will post a form to you.

Helpers: The pool is run by volunteers and to end this we request that each family helps at one session per season (to assist the life guard on poolside and to take non members money on the door) Session times are as follows:

Tuesday and Thursday: 5.30 - 7.30 pm	General *	Saturday: 2.30 - 4.30 pm	General
Wednesday and Friday: 7 - 9 pm	Adults only	Sunday: 10 - 12 and 2.30 - 4.30 pm	General
Friday: 5 - 7 pm	General		

* Sessions move to 2.30 - 4.30 pm in the school summer holidays

Membership cards will be sent out in early May along with the helper's Rota. Your session will be highlighted, please make a note of it as the pool cannot open without 2 helpers on duty, however if you are unable to fulfill your duty for any reason, please arrange a swap with another member from the list (numbers will be attached)

If there are any days/dates you are **UNABLE to offer** (holidays etc) please let us know below.

I am / we are unavailable:

FROM	TO

(This information will be kept strictly confidential by the FSA)

LIFESAVERS: If any member of your family (aged over 14) holds a lifesaving award and is willing to assist at the pool, please mark the name/s above with Lifesaver and the Lifesaving coordinator will be in touch with you.

Please enclose your cheque for £35.00 made payable to 'Stags FSA' - (Stags Family Swim Association)

I agree to abide by the rules and regulations of the association and confirm that I have no objection to the records being kept on a computer to assist with the administration.

SIGNED: (MR/MRS/MS/MISS)	
ADDRESS:	
	POSTCODE:
TEL:	EMAIL:

Please write your email address clearly and exactly as it is to be sent. Return this completed form to:
Leanne Walters, 126 Green Lane, St Albans, Herts AL3 6EU (by 3 May 2010)

OFFICE USE ONLY:	FEE <input type="checkbox"/>	HELP <input type="checkbox"/>	LIFE <input type="checkbox"/>	MEMBERSHIP <input type="checkbox"/>
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