



FUNCTIONAL ABILITY CARD - RENEWAL FORM

Surname: _____ Given Name: _____

Address: _____

_____ Postcode: _____

Home Telephone Number: _____ Sex: MALE / FEMALE

E-mail: _____ Date of Birth: ____ / ____ / ____

ASAWASA/SASA Membership Number: _____

Club Name/s: _____

Classification Details: S _____ SB _____ SM _____

Who is your classification registered with? e.g. IPC, BS, BBS, INAS etc.

Data Protection Statement:

British Swimming will use your personal data for the purpose of your involvement in Disability Swimming and I understand that by submitting this form, I am consenting to receiving information about Disability Swimming by post, email, SMS/MMS, online or phone unless stated otherwise.

I give permission for British Swimming to contact the above organisation/s on my behalf to confirm my classification details.

Signed: _____ (Swimmer)

Signed: _____ (Parent or guardian if under 18)

Print Name: _____

Date: _____

Should you need to update the current photograph on your card please include one current passport sized photograph with this form.

Please return to:
National Disability Office
Macclesfield Leisure Centre
Priory Lane
Macclesfield
Cheshire
SK10 4AF
E-mail: disability@swimming.org