 **APPLICATION FORM – GIRLS’ CLUB CAPTAIN**

**ROLES AND RESPONSIBILITIES OF CHILDREN’S CLUB CAPTAINS**

The key roles and responsibilities of club captains are as follows:

* to be an excellent role model for other swimmers at all times
* to attend club training and time trials regularly
* to do my best at all times, in my training and competing and in all other aspects of club life
* to share ideas and concerns about the running of the club with committee members, CCO and coaches/teachers
* to listen to other young members, asking them regularly for their ideas and opinions and to be willing to share these with the committee and others
* to welcome new members and help them settle into the club
* to be a positive supporter of the club at both home and away events
* to represent the club, including by meeting and greeting visiting teams and thanking visiting and hosting teams at fixtures
* to carry out other duties appropriate to the role of captain as required

**This section is to be filled in by the swimmer**

I have read the roles and responsibilities of the captains and would be happy to be considered to serve as a club captain. If elected, I would be prepared to carry out these duties to the best of my ability.

I can also confirm the following (please tick each statement):

* To the best of my knowledge I will be a member of Lecale ASC throughout the whole of the 2019-20 year
* I commit to being a regular attendee at my designated training session(s) who trains with dedication, swims to the best of my ability and demonstrates fair play and a sporting attitude
* I was born in 2003 or earlier and will be under 18 on 1 July 2019
* I have not already served as Lecale club captain
* I have the permission of my parent/guardian

My name (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM, FULLY COMPLETED, TO THE DESK BEFORE FRIDAY 10 MAY.**

**ELECTIONS WILL BE HELD ON FRIDAY 17 MAY**

 **APPLICATION FORM – BOYS’ CLUB CAPTAIN**

**ROLES AND RESPONSIBILITIES OF CHILDREN’S CLUB CAPTAINS**

The key roles and responsibilities of club captains are as follows:

* to be an excellent role model for other swimmers at all times
* to attend club training and time trials regularly
* to do my best at all times, in my training and competing and in all other aspects of club life
* to share ideas and concerns about the running of the club with committee members, CCO and coaches/teachers
* to listen to other young members, asking them regularly for their ideas and opinions and to be willing to share these with the committee and others
* to welcome new members and help them settle into the club
* to be a positive supporter of the club at both home and away events
* to represent the club, including by meeting and greeting visiting teams and thanking visiting and hosting teams at fixtures
* to carry out other duties appropriate to the role of captain as required

**This section is to be filled in by the swimmer**

I have read the roles and responsibilities of the captains and would be happy to be considered to serve as a club captain. If elected, I would be prepared to carry out these duties to the best of my ability.

I can also confirm the following (please tick each statement):

* To the best of my knowledge I will be a member of Lecale ASC throughout the whole of the 2019-20 year
* I commit to being a regular attendee at my designated training session(s) who trains with dedication, swims to the best of my ability and demonstrates fair play and a sporting attitude
* I was born in 2003 or earlier and will be under 18 on 1 July 2019
* I have not already served as Lecale club captain
* I have the permission of my parent/guardian

My name (BLOCK CAPITALS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM, FULLY COMPLETED, TO THE DESK BEFORE FRIDAY 10 MAY.**

**ELECTIONS WILL BE HELD ON FRIDAY 17 MAY**