

WINCANTON SWIMMING CLUB

MEMBERSHIP FORM

Standing Order	<input type="checkbox"/>
Membership Paid	<input type="checkbox"/>
ASA Form	<input type="checkbox"/>

Welcome to Wincanton Swimming Club. Please complete the below details and return to the Membership Secretary. If the member is under 18 then contact details should be of the parent/carer not the member.

Swimmers Name			
Parent/Carers Name			
Address			
			Postcode:
Email Address			
Telephone	Home:		Mob:
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:
Please indicate which sessions you/your child will attend (sessions attended will determine due fees)	Thursday 6-7pm <input type="checkbox"/> 7-8pm <input type="checkbox"/> 8-9pm <input type="checkbox"/>		Sunday 5-6pm <input type="checkbox"/> 6-7pm <input type="checkbox"/>
Medical Conditions			
Allergies			
Detail of regular medication taken			
Emergency Contact 1 (mobile)			
Emergency Contact 2 (home/mobile)			
Additional information			
Is this the only club the swimmer is a member of?	Yes / No	Name of other Club	

The club may wish to take photographs of individual or groups of swimmers under the age of 18 that may include your child during their membership of the club. All photographs will be taken and published in line with the ASA Photography Policy. The club requires parental consent to take and use all photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to do so.

Photos to be used on the club secure website	Yes/No
Photos to be included in newspaper articles	Yes/No

I confirm that I have read and agree with the relevant Code(s) of Conduct noted on the Wincanton Swimming Club Website. Please tick where appropriate.

<input type="checkbox"/> Code of Conduct for Swimmers	<input type="checkbox"/> Code of Conduct for Parents
<input type="checkbox"/> Code of Conduct for Coaches	<input type="checkbox"/> Code of Conduct for all Staff other than Coaches

Signature(Parent/Guardian if under 18) Date.....

I (BLOCK CAPITALS).....hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.

Signature(Parent/Guardian if under 18) Date.....

All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need to know basis. With members welfare in mind please notify the Club if at any time the above details change by contacting the Membership Secretary.

STANDING ORDER DETAILS: Please note that your standing order form should be returned to your bank.

Standing order reference No.	Standing order date:
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