

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

# WINCANTON SWIMMING CLUB

## MEMBERSHIP FORM

Welcome to the club. Please complete the below details and submit to the membership secretary. Note if the member is under 18 then contact details should be of the parent/carer not the member.

Title(Mr, Mrs, Ms)		Name		
Address				
			Postcode	
Email Address				
Telephone	Home:		Mob:	
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
				Date of Birth:
Medical Conditions				
Allergies				
Detail any regular medication taken				
Emergency Contact 1				
Emergency Contact 2 (one of these are required to be a mobile and not a landline)				
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 and 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.

Photos to be used on 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.

- Code of Conduct for Swimmers
- Code of Conduct for Parents
- Code of Conduct for Coaches
- Code of Conduct for all Staff other than Coaches

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

I (PLEASE PRINT ON 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. If at any time any of the above details change please contact the membership secretary.