

STOWMARKET SWIMMING CLUB

MEMBERSHIP FORM

SECTION 1 - Member's Details

Forename:		Surname:	
Known as:		Date of Birth:	
Address:			
Postcode:		Tel/Mbl:	
Ethnic Origin:		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:		School:	

SECTION 2 - Type of Membership

Please all categories that apply:

Swimming* <input type="checkbox"/>	Official <input type="checkbox"/>	Teacher/Coach <input type="checkbox"/>
* All swimmers who takes part in any water-based activity	Poolside Spectator <input type="checkbox"/>	Helper <input type="checkbox"/> Committee <input type="checkbox"/>

SECTION 3 - Parent/Guardian Information

*This section must be completed for ALL MEMBERS . It is essential that the details of all parents/guardians /emergency contacts are provided in the event of an emergency. A minimum of **two** contacts must be supplied for members under 18 years of age .*

Parent/Guardian - Main Contact OR Emergency Contact (Adult Members)

Relationship to Member:

Forename:		Surname:	
Address:			
Postcode:		Occupation:	
Telephone:		Mobile:	
Email Address	<input style="width: 100%;" type="text"/>		

This will be the preferred method of communication

Parent/Guardian - 2nd Contact

Relationship to Member:

Forename:		Surname:	
Address:			
Postcode:		Occupation:	
Telephone:		Mobile:	
Email Address	<input style="width: 100%;" type="text"/>		

This will be the preferred method of communication

I/We permit any necessary medical treatment to be administered while in the care of the Club's Personnel Please tick ()

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MEMBERSHIP FORM (Continued)

SECTION 4 - Medical Information

Do you suffer from: (✓ where applicable)

Physical Disability	<input type="checkbox"/>	Mental Disability	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Repetitive Injury	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
						Others	<input type="checkbox"/>

Please provide details, where applicable:

The Club may request further information to be provided by the relevant Medical Practitioner, should a medical condition cause concern.

SECTION 5 - Data Protection & Photography

- (1) Information provided will be held in electronic and/or hard copy for the purposes of Club's activities only. All information, in any format, will be governed by the Data Protection Act and accessible to Club Officials on a 'need-to-know' basis.
- (2) Photographs may be taken during Club events for publicity purposes and to help promote the Club. This may include newspaper articles, printed leaflets, posters and information on the Club's website.

Do you permit photographs to be used for Club information and publicity? Yes No

SECTION 6 - Declaration

Please tick to confirm your acceptance of the following:

- (1) I confirm that the information provided is complete and accurate to the best of my knowledge.
- (2) I understand that I am responsible for ensuring fees are paid on time and the correct amount is paid. I am responsible for collecting the termly invoice detailing the amount due. The Club will recover all outstanding fees due.
- (3) I understand that I will be unable to join another Club until all outstanding fees due are paid.

All members of Stowmarket Swimming Club are governed by the Club's Terms & Conditions of Membership. By accepting membership, members are agreeing to abide by the Club's Term & Conditions, Codes of Conduct, Policies and Constitution.

Signed:

Date:

Print Name:

For Official Use Only

The following list must be completed by the relevant Club Official to ensure all information has been received and recorded:

Have the following forms been received:	ASA Registration	<input type="checkbox"/>	Swimmer's Conduct	<input type="checkbox"/>	Parent's Conduct	<input type="checkbox"/>
(1) Membership Form checked and all information complete?	Yes	<input type="checkbox"/>	Date & Initials	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
(2) Member provided with New Member's Pack?	Yes	<input type="checkbox"/>	Date & Initials	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
(3) Details added to Database: Members? <input type="checkbox"/>	Ranx?	<input type="checkbox"/>	Date & Initials	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
(4) Squad at Joining/Start of Year: <input style="width: 150px;" type="text"/>	CAT 1	<input type="checkbox"/>	Date Registered	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
(5) Entered <input type="checkbox"/> on ASA	CAT 2	<input type="checkbox"/>	Date Registered	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Registration No. <input style="width: 150px;" type="text"/>	CAT 3	<input type="checkbox"/>	Date Registered	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>