

Membership Form

Affiliated to London Counties Amateur Swimming Association Seven Islands Leisure Centre Lower Road, London SE162TU

Southwark Aquatics Swimming Club Membership Form

| Full name (please print): | |
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| Address: | Parent/ Guardian Name: |
| Postcode: | Parents/ Guardian address if different: |
| Parents' e-mail address: | |
| Date of Birth: | Gender: Female/Male |
| First Contact in case of emergency: | Second Contact in case of emergency: |
| Name: | Name: |
| Address: | Address: |
| Tel number: | Tel number: |
| Relationship to the swimmer: | Relationship to the swimmer: |
| Third Contact in case of emergency: | Disability category (if any): |
| Name: | None Functional (physical) |
| Address: | Visual impairment Learning disability |
| Tel number: | 5. Hearing impairment |
| Relationship to the swimmer: | These details may need to be passed to the coach or appropriate staff. |
| Would you (the parent/guardian) be prepared to become a volunteer/helper? YES/ NO (please circle) | |
| What qualifications or experience do you have? | |
| Are there any medical conditions/special needs which the club should be aware of e.g. allergies, epilepsy, diabetes, asthma? | |
| Any regular medications (please state): | |
| Ethnic background: | |
| Are you a member of another swimming club? Y/N If yes which one? | |
| Is the swimmer permitted to leave the centre after the session alone? YES/NO (please circle) | |
| I have read the declarations overleaf | |
| Signed (swimmer): | |
| I have read the declarations overleaf Signed by Parent/Guardian (if under 18 years) | |
| Name (Please print) | |

Declarations: Please read carefully before signing overleaf

Application

I apply for membership of Southwark Aquatics Swimming Club and agree to adhere to the club Code of Conduct and the ASA Code of Ethics (see Notice board and Website)

Rules of the Club (Constitution)

I acknowledge receipt of the rules of Southwark Aquatics Swimming Club and confirm my understanding and acceptance that those rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in those rules.

Accuracy of information

I confirm that to the best of my knowledge the information given in this form is complete and accurate and I undertake to keep the Club informed of any changes.

Consent to activities

I am aware of the type of activities likely to be undertaken and consent to my child taking part. I acknowledge that the club will only be liable in the event of an accident if they have failed to take reasonable steps in their duty of care for my child. I understand that the club officials have a common law duty to act in the capacity of a reasonable parent.

Data Protection Notice

The information entered on this form and any other data collected during the period of membership will be used by the officers of the Club for the purposes of processing your application and dealing with you as a member. We may also share the information with the ASA and event organizers for registration, entry and statistical purposes but we will not disclose it to any third party for marketing or commercial purposes without your permission.

Consent to photography

Southwark Aquatics Swimming Club staff recognizes the need to protect the welfare and safety of children in sport. In accordance with our Child Protection Policy we do not permit video or other images of young people to be taken without the consent of parents / guardians and children. The club will take all steps to ensure any images taken are used solely for the purposes they are intended. If you have any concern over the use of any image you should inform the club immediately. Images may be used as a celebration of achievement or for promotional use by the club and may appear in newspapers, on the club website or for educational purposes (video footage). In addition to photographs, results may be published from swimming events.

Please tick here if you DO NOT wish your details / images to be used as described above:

Fees

I agree to pay monthly direct debit fees continuously throughout the year & keep ASA and annual fees up to date.