

# WHITCHURCH WASPS Swimming Club



## Membership Application Form

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

### Swimmers Details

<b>Name</b>		<b>Gender</b>	M	F	<b>Date of Birth</b>	
<b>Home Telephone</b>		<b>Mobile</b>				
<b>Email Address</b>						
<b>Address</b>						
<b>Medical Conditions</b>	Please detail below any important medical information that our organisation needs to know. Such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries. Continue on reverse if necessary.					
<b>Allergies</b>						
<b>Detail any regular medication taken</b>						
<b>Emergency Contact 1</b>	<b>Name</b>			<b>Number</b>		
	<b>Relationship</b>			<b>Email</b>		
<b>Emergency Contact 2 (one of these is required to be a mobile and not a landline)</b>	<b>Name</b>			<b>Number</b>		
	<b>Relationship</b>			<b>Email</b>		
<b>Additional Information</b>						
<b>Is this only club the swimmer is a member of?</b>	Yes/No	<b>Name of other Club</b>				

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.

Consent for Image Use	Yes / No	Consent for Video Use	Yes / No
Consent Name/Image Use In Publicity/ Social Media	Yes / No	Consent British Swimming Displaying Times	Yes / No
Consent to Travel	Yes / No	Consent You Can Store My Information	Yes / No

I (PLEASE PRINT IN 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 and act as Loco Parentis.

In addition I also:

- Confirm that we, member & Parent, have read and agree to abide by the code of conduct and the club policies (all available on the club website).
- Give consent for my child/ my personal membership data together with any records of my competitive performances to be kept on computer, by personnel appointed by the club. Whitchurch Wasps Swimming Club and Swim England (SE) will not share the data with any third party for marketing or commercial purposes.
- Will allow the Club Officers to use my email for communications purposes only. This will only be shared with Swim England and Galas / Competition organisers as necessary. Full details of the Club's Privacy and Data Protection Policy and Swim England's Privacy policy can be found on the Club's website.

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

**CAN YOU HELP?** Whitchurch Wasps are run completely by volunteers and rely on people helping out. Please indicate on reverse any key skills, areas where you can or would be interested in helping out or complete the Volunteer form

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.

