

June 2018

MEMBERSHIP FORM

Welcome to the club. Please complete the details below and submit to the Membership Secretary. (If the member is under 18 years of age then contact details should be for the parent/carer not the member)

Name			
Date of Birth			
Gender			
Telephone			
Email Address			
Address			
Medical Conditions			
Detail any regular medication taken			
Allergies			
Emergency Contact 1			
Emergency Contact 2 (one of these must be a mobile number and not a landline)			
Ethnicity i.e. White British / Mixed White & Asian / Black Caribbean			
Country of international representation			
Additional Information			
Is this the only club that the swimmer is a member of?	Yes/No	Name of other Club	

The club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the ASA Photography Policy. The club requires parental consent to take and use 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 club (secure) website	Yes/No
Photos to be included in newspaper articles	Yes/No
Photos taken by professional photographer at events	Yes/No
Filming for training purposes	Yes/No

I acknowledge receipt of the rules of Garstang Amateur Swimming Club and confirm my understanding and acceptance that such 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 these rules.

Signature(Club member) Date.....

Signature(Parent/Guardian if under 18)

Date.....

I confirm that I have read and agree to abide by the code of conduct and the club policies.

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.

