



CAMP HILL 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.

Name			
Date of Birth		ASA Number	
Gender			
Nationality			
Telephone			
Email Address			
Address			
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 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
Photos taken by professional photographer at events	Yes/No
Filming for training purposes	Yes/No

The club cannot function without the support of our volunteers and we need your help. To allow us to register Sprint & Long Distance Championships we need registered Timekeepers and Judges. Please see Heather for more information about the level of commitment that it would involve.

Can you please indicate what role you could / would be interested in seeking accreditation for:

Timekeeper / Judge / Administrative Duties

I confirm that I have read, and agree to abide by the code of conduct and the club policies. Can you please ensure that you also return the Term of Conduct with your application form.

Can I have 1 application form per member please. (Paper Copies Only)

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.