

COLCHESTER SWIMMING CLUB MEMBERSHIP/RENEWAL FORM 2016

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. 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 these details change, please contact the Membership Secretary.

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|---|---|---------------------------|-----|
| Name (including title) | | | |
| Date of Birth | | Gender | M/F |
| Address | | | |
| Telephone Number | | | |
| Email Address (very important for club communication) | | | |
| Medical Conditions and/or Allergies | | | |
| Detail any regular medication taken | | | |
| Emergency Contact 1 | | | |
| Emergency Contact 2 (one of these to be a mobile and not a landline) | | | |
| ASA Number (if known) | | | |
| Is Colchester the only club the swimmer is a member of? | Yes/No | Name of other Club | |
| Please indicate which section you are joining, or are a member of: Junior, Intermediate, Potential Development, Performance, Senior Development, Youth Masters, Masters, Water Polo, Youth Water Polo, Supporters | | | |
| Please indicate the classification of ASA Membership you have, or require: | Category 1 – Non Competitive Masters Swimmers only | | |
| | Category 2 – Competitive Swimmers and Water Polo Members | | |
| | Category 3 – Coaches, Officials, Poolside Helpers and Volunteers | | |

Colchester Swimming Club may wish to take photographs for publishing on notice boards, websites, the club's Twitter and Facebook page and/or newspapers, and take video for training purposes. Please write to the Membership Secretary if you have any questions regarding this or do not wish your child to be photographed or videoed. Additionally, in line with the Data Protection Act – If any member objects to, or wishes to inspect any information held by Colchester Swimming Club on computer or other media, they should notify the Membership Secretary.

I confirm that I have read, and agree to abide by, the code of conduct and the club policies. These policies are available to view on the club website at www.colchesterswimming.com.

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.....

