



Membership Form

Full name of swimmer	Sex	Date of Birth		
	Male / Female			
Address				
Post Code				
Contact details (please provide two)				
Name		Name		
Relationship to swimmer		Relationship to swimmer		
Tel: Home Work Mobile	Tel: Home Work Mobile			
Email		Email		
Medical conditions which the club should be aware of				
<i>I understand that this data will be used solely for the purpose of my involvement in the club and I understand that by submitting this form, I am consenting to receiving information from the club by post, email, SMS/MMS, online or phone unless stated otherwise.</i>				
Signed:		Date:		
Name:		Relationship to swimmer:		
Photography: The club may from time to time wish to take photographs of individual and groups of swimmers for training and promotional purposes. All photographs will be taken and published in line with the ASA Photography Policy, a copy of which can be provided on request. Please confirm your consent to this below. Consent can be withdrawn at any time by contacting (in writing) the club's Welfare Officer. <i>I do / do not* give consent to the use of photographs of my child on the club website</i> <i>I do / do not* give consent to the use of photographs of my child in newspaper articles</i> <i>I do / do not* give consent to the use of photographs of my child on the club noticeboard</i> <i>I do / do not* give consent to the use of video recording for training purposes</i> <i>*Please delete as appropriate</i>				
Signed:		Name:	Date:	
Squad (tick one)				
Stroke Academy	Junior	Intermediate	Senior	Masters

Copies to: Membership Officer, Welfare Officer, Coach