



## MEMBERSHIP FORM

Welcome to Seaclose Swimming Club. Please complete the below details and submit to the Club Secretary. Note if the member is under 18 then contact details should be of the parent/carer not the member.

Name			
Known as (if different)			
Date of Birth			
Gender			
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			
Are you also a member of any other swimming club	Yes/No	Name of other Club	
Type of registration			
Are you registering Seaclose as your rank or second club			Rank/Second

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

**Offers & Opportunities**

No thank you, I don't want British Swimming/the ASA to send me details of products and services

No thank you, I don't want British Swimming/the ASA to send me details of events

No thank you, I don't want British Swimming/the ASA to send me details from British Swimming/the ASA commercial partners

**Website Visibility**

If you do not want details of your achievements to be visible on the British Swimming Website, please tick here

**Caution!** If you hide your details they will not be visible on the ASA Rankings Database which may affect your ability to enter events. Event organisers may in these cases require proof of age and/or of eligibility to enter and you should contact the particular organiser to check. In addition the Club uses this facility to assist swimmers with the administration of competitions and if you do not tick this box Seaclose Swimming Club may not be able to provide this assistance.

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.

I confirm that I have read and agree to the code of conduct and the club policies which are available on the clubs website [www.seaclosesesc.co.uk](http://www.seaclosesesc.co.uk)

Please type your name and tick the box to apply your signature to this document

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 Club Secretary. Seaclose Swimming Club is covered by the ASA's notification to the Information Commissioner.

Please send a completed version of this form to the Club Secretary [clubsecretary@seaclosesesc.co.uk](mailto:clubsecretary@seaclosesesc.co.uk)

