Boldmere Swimming Club - Membership Form 2009/2010

CLUB USE ONLY	Week:	Total:	Conc:	Due:	Method:	Paid:	ID:

SECTION A - MEMBER DETAILS

SURNAME: ……

FIRST NAME: ……

SECOND NAME: ……

KNOWN AS: ……

DOB :	DD	MM	YYYY

ADDRESS 1: ……

ADDRESS 2: ……

TOWN/CITY: ……

POSTCODE: ……

Home Phone Number: ……

Parent Mobile number: ……

Parent Email Address :* ……

*

Email address used for membership communication and club news and announcements only. Details will not be passed to third parties.

ASA No : Category:

ETHNICITY:

See guidelines for codes

MALE/FEMALE

School attended: Year:

SECTION B - EMERGENCY CONTACT DETAILS :**

1) Name: ……

Relationship ……

Contact No: ……

2) Name: ……

** Relationship: ……

Contact No: ……

Signature ……

** * The ASA recommend that the club hold a non parent/ guardian emergency contact number for each member and a signature is required.*

SECTION C- MEMBER`S MEDICAL INFORMATION

Please state any medical conditions, disabilities or other factors requiring consideration to enable inclusion in clubs activities:

_____

IMPORTANT NOTE:- If you are a competitive swimmer (ASA CAT 2) suffering from Asthma or any other condition requiring medication please submit an ASA Medical Declaration Form available from the Club Membership Secretary.

Data protection policy requires a specific authorisation for the holding of this information.

Name (print) _____ Signature_____Date_____

To be signed by parent/guardian for members under 18

SECTION D - PHOTOGRAPHY

Name (print) _____ Signature_____Date_____

To be signed by parent/carer for members under 18

I consent / do not consent (delete as appropriate) to the use of photography as set out in the BSC Photography Policy

Boldmere Swimming Club Photography Policy available from www.boldmereswimmingclub.co.uk

SECTION E - SWIM SESSIONS ---- Indicate session times and venues below as arranged by coach / instructor

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
SWIMMING							
WATER POLO							

SECTION F - PAYMENT

Payment Method 1) Cheque in full 2) Standing Order

Concession Request and Reason : ……

SECTION G - DECLARATION & CONSENT

I agree that I / my child will abide by the rules ***of Boldmere Swimming Club and the Boldmere Swimming Club Code of Conduct. I understand that the fees payable are for the full year .

I consent to the use of the personal information above for the purposes and on the terms set out in the Club`s Data Protection Policy (see Membership Terms and Conditions 2009/10)

Name (print)_____Signature_____Date_____

To be signed by parent /guardian for members under 18

*** Boldmere Swimming Club Rules and Code of Conduct are available from www.boldmereswimmingclub.co.uk

CLUB USE ONLY	Date joined:	Membership Year:	No of sessions:	WP:

Please return completed forms to:

Del Stanger, Membership Secretary, Boldmere Swimming Club, 38, Holifast Road, Wylde Green , Sutton Coldfield. B72 1AE

Email: Stangtondel@btinternet.com