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| **SWIMMER DETAILS AND INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DOB (dd/mm/yyyy)** |  |  |  |  | **Gender** | Male |  |  | Female |  |

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| **School** *(if under 16)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Is your school in Tower Hamlets?** | Yes |  | No |  |  |  |  |  |  |  |

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| **If you are a member of another swimming club, please specify** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **If yes, please provide ASA member ID** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PARENT / GUARDIAN / NEXT OF KIN / EMERGENCY DETAILS (*if 16+ primary contact is the swimmer’s details*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMARY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Relationship to swimmer** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Is this the swimmer’s primary address? (please tick)** | Yes |  |  |  |  |  |  |  |  |  |  |

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| **Email** *(req’d)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Tel home** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Mobile** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECONDARY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Relationship to swimmer** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Email** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Mobile** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **EMERGENCY CONTACT (must be different from contacts above)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Emergency number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **MEDICAL INFORMATION**  **It is advisable for this information to be supplied so teachers can be aware of a swimmers needs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please advise us of any registered disability, medical conditions and / or allergies the swimmer may have and any medication (including inhalers) the swimmer may take. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MedicalCondition** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Disability** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Further details** |  |
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| **SWIMMER’S ETHNICITY** | | | | | | | |
| **Ethnicity** |  | D ~ Asian - Indian |  | H ~ Chinese |  | L ~ Black - Caribbean |  |
| A ~ White - British |  | E ~ Asian - Pakistani |  | I ~ Mixed - White & Black Caribbean |  | M ~ Black - African |  |
| B ~ White - Irish |  | F ~ Asian - Bangladeshi |  | J ~ Mixed - White & Asian |  | N ~ Black - Other |  |
| C ~ White - Other |  | G ~ Asian - Other |  | K ~ Mixed - Other |  | O ~ Other Ethnic Group |  |

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| **PHOTOGRAPHY AND VIDEO CONSENT** | |
| We may record the competition events in which you participate and take photos of swimmers (individual or group). We will hold and use this information for the purposes of education and training, swimmer analysis, performance, development and selection and event analysis.  In addition we may use this information on the club website, newsletter or other club promotion and publicity. | |
| If you **DO NOT** wish the swimmer to be photographed for club promotional purposes please tick here |  |

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| **FEES** |
| 1. The Club fees (including annual subscription) shall be determined from time to time by the Committee. 2. Fees are due quarterly (1st of Jan / Apr / Jul / Oct) and are payable in cash or by bank transfer. Monthly payments are accepted by standing order / direct debit to bank only. 3. An annual membership fee will be charged every October. 4. An annual ASA registration fee will be due with the January payment. This fee is determined by the ASA. 5. If a member wishes to resign he/she must give the Club a written notice of his/her resignation. 6. A member whose subscription is more than two months in arrears shall be deemed to have resigned. 7. If a member wishes to rejoin then he/she must go onto the waiting list if there are no spaces available. 8. If a member resigns for a quarter and then rejoins the Club, he/she will be required to pay all fees for that quarter. |

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| **DECLARATION & CONSENT** |
| 1. I/We have read and understood the rules of the Club and accept that such rules (as amended from time to time) shall govern my/the swimmer’s membership of the Club. I/We further acknowledge and accept the responsibilities of membership upon members as set out in these rules. 2. I/We/the swimmer will abide by the rules of the Club and adhere to the Club’s Code of Conduct. 3. 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 there is a change to the details provided please contact the admin desk. The Club will only use my/the swimmer’s personal data for the purpose of my/the swimmer’s involvement in the Club and this will be disposed of securely when the swimmer/s no longer want to be members of the Club. I/We understand that by submitting this form, I/we are consenting to receiving information about the Club by post, e-mail, SMS/MMS, online or phone unless otherwise stated. 4. I/We accept that payment must be received before I/the swimmer enters the water and fees are due quarterly regardless of how often I/the swimmer swims. 5. I/We will ensure that all fees and increases are paid promptly on the due date. If fees are unpaid 30 days after the due date I/the swimmer may be suspended from training until such outstanding fees are reimbursed to the Club. 6. I/We confirm that I/we are not aware of any medical reason of why I/the swimmer should be excluded from a swimming programme. I/We undertake to inform the coaching staff and the club’s administration of any medical condition that might occur in the future. 7. I/We give consent for the club staff/volunteers to act in loco parentis for my child, to give permission for the administration of emergency first aid and/or other medical treatment, if the need arises on site. |
| Signed: Date: / / |

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| **FOR CLUB USE ONLY** | | | | | | | | | | | | | | | | |
| Tadpoles 1/2 |  | Dolphins 1/2 |  | Swordfish 1 |  | Swordfish 2 |  | CI 1/2/3/4 |  | SA 1/2/3 |  | SL 1/2/3/4 |  | Mstr |  | |
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| Annual Membership |  | ASA Cat 1 |  | ASA Cat 2 |  | Date joined |  |  | / |  |  | / |  |  |