

Borough of Broxbourne Swim Squad Membership Form

First Name:	Middle Name:	Surname:
Date of Birth:		ASA Number:
Address:		
Parent/Carer Details:		Other Responsible Adult Contact Details:
First Name:	First Name:	
Surname:	Surname:	
Relationship to Swimmer:	Relationship to Swimmer:	
Address (if different from above):	Address:	
Home Phone No:	Home Phone No:	
Mobile No:	Mobile No:	
<small>This mobile number may be used to send important information such as pool closures.</small>		
Email:	Email:	
<small>This email address may be used to send you important information about the club.</small>		
Medical Information		
Does your child have any specific medical conditions requiring medical treatment and/or medication? Yes / No*	If yes, please give details	
Does your child have any allergies? Yes / No*	If yes, please give details	
Does your child take any regular medication? Yes / No*	If yes, please give details	
Any other relevant information?		

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of the Amateur Swimming Association.

I confirm that I have read all the clubs policies relating to swimmers and the club on the club website www.bobswimsquad.co.uk and will abide by all the Club Rules & Codes of Conduct. I will also inform the club of any change of the above details. If completing this form on behalf of a swimmer under 18, I agree to inform them of their obligations under the Rules & Codes of Conduct of the club posted on the website.

I acknowledge receipt of the rules of the Borough of Broxbourne Swim Squad and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

Swimmers Name _____ Signature of Swimmer _____ Date _____

Signature of Consent By Parent/Carer (If swimmer is under 18): _____ Print Full Name _____ Date _____

For Parents/Carers of swimmers under 18yrs.

It may be essential at some time for the Club Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain urgent treatment which may be required whilst at a competition with Borough of Broxbourne Swim Squad. Would you therefore please complete the details on this form and sign below to give your consent.

I _____ being the parent/carers of the above named child hereby give permission for the Coach or Team Manager to give the necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Consent By Parent/Carer: _____ Print Full Name _____

Photographs/Filming are taken from time to time for promotional and club use only i.e. website, flyers and press. Please can you give your authorisation for photos to be taken.

Signature of Consent By Parent/Carer: _____ Print Full Name _____

PLEASE RETURN THIS FORM TO THE MEMBERSHIP OFFICER