



Portsmouth Northsea Swimming Club New Membership Form

Swimmer's Full Name:	
Squad:	
Gender:	
Swimmer's Date of Birth:	
Primary Telephone Number:	
Email Address /Addresses: <i>Please include at least one email address which will be used to set up the direct debit mandate and to ensure you receive club communication</i>	
Full Address:	
Previous Club: <i>If applicable</i>	
Dual Membership: <i>Is this the only club the swimmer is a member of?</i>	
Name of other Club:	

Emergency Contact Details

Emergency Contact	Name:	
	Relationship:	
	Mobile:	
2nd Emergency Contact <i>(to be nominated by Parent /Carer)</i>	Name:	
	Relationship:	
	Mobile:	

CONFIRMATIONS.

I accept that my direct debit must be set up, along with payment of my ASA membership before I / the swimmer enters the water and that fees are due monthly regardless of how often members swim. I will ensure all fees and fee increases are paid by **Direct Debit via GoCardless** on the date due and if there is a lapse in payment I / the swimmer may be suspended from training until such outstanding fees are reimbursed to the club.

I understand that PNSC is responsible for increasing /decreasing my child's Squad Fees when they move squad and will provide me with adequate notice of any changes or for any other Club matters which maybe invoiced via direct debit.

In the event of leaving the club I am responsible for notifying the membership secretary at PNSC with one months notice.

The Club has adopted the ASA Wavepower 2020-23: Child Safeguarding Policy and Procedures for Clubs and all the Codes of Conduct therein along with ASA polices. I accept the terms stated on this form, other policy documents including Codes of Conduct and the Club Constitution.

I acknowledge I have read the rules of Portsmouth Northsea Swimming Club 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

Swimmer or Parent/Guardian if under 18

Signature	
Printed name	
Date	

Please return this form to the Membership Secretary at membership@pns.org.uk