



Patrons: Sharron Davies MBE, Stephanie Millward MBE

ACADEMY SWIMMING MEMBERSHIP FORM

SWIMMER DETAILS		
First Name(s):		
Surname:		
Date of Birth:		
Address:		
Home & Mobile Numbers:		
Email Address:		
ASA Number (if you have one):		
Home Club (if you have one):		
PARENT/CARER DETAILS	PARENT/CARER 1	PARENT/CARER 2
Name:		
Address (if different from above):		
Postcode:		
Home Telephone:		
Mobile Number:		
Email Address:		
FURTHER INFORMATION		
Additional Emergency Contact:	Name:	Mobile No:
Doctor's Name, Address, Telephone No:		
Medical Conditions: allergies, medical conditions e.g. Asthma, epilepsy, orthopaedic problems any current medication, special dietary requirements and any injuries.		
Prescribed Medication: Please give details		



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<p>The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal day activities</p>	<p>Do you consider yourself/child to have an impairment? If yes what is the nature of the disability? Visual impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Physical disability <input type="checkbox"/> <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Other (please specify)</p>	
<p>Is there anything the club should know or do in the event of your child being taken ill? If yes, please give details.</p>		
<p>I / we consent to Team Bath AS holding medical information for the benefit of my child in case of emergency: <input type="checkbox"/> Agree</p>		

PERMISSIONS

<p><u>PARENTAL PERMISSION FOR MEDICAL TREATMENT IN AN EMERGENCY</u></p> <p>In the unlikely event of an accident or illness, during training or at competitions, which needs <u>immediate treatment</u>, I/we understand that representatives of Team Bath AS will try to contact us in the first instance. However, should we be unavailable or unable to be present, I/we give permission for my son/daughter to receive first aid and medical treatment as required from a qualified practitioner.</p> <p>Signature of Parent/Carer: _____ Date: _____</p> <p>Name: _____ (Please print in Block Capitals)</p>	<p>Please tick this box if you object</p>
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CHILD PROTECTION POLICY

I confirm that I have read and understand the Team Bath AS Child Protection Policy. These can be found on the Website under Policies.

Signature of Parent/Carer: _____ Date: _____

Name: _____ (Please print in Block Capitals)

I understand that, in compliance with the Data protection law, 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 organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of Swim England or British Swimming.

Photography Permission form Separate. Copies of Code of Conduct for Swimmers and Parents. All to be signed and returned to the Membership Secretary

Please indicate if you have read and agree to the Lane Sharing Policy. Agree



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FEES

Fees should be paid monthly through a Standing Order or via Internet Banking.

The Club's Bank details are as follows:

NATWEST BANK PLC

Bath, Old Bank Branch, 15 High Street

Bath, BA1 5AH

Sort Code: 56-00-34

Account No: 27704483

Account Name: Team Bath AS

Please use the reference "surname – fees", and include the swimmer's surname.

Fees must be paid by 1st of the month. Interest of 1% per month will be added to overdue accounts. One month's notice is required for any swimmers leaving Team Bath AS. If less than one calendar months' notice is given, a further monthly fee will be due.

CLUB MANAGEMENT SYSTEM

Team Bath AS uses an online Club Management System called 'Team Unify'. The following conditions apply to your use of this system:

- If photos added to a swimmer's account on the website are deemed inappropriate by Team Bath AS, then they will be removed.
- It is the responsibility of the parent/guardian to make sure that all medical information / emergency contacts on the Club Management System account are kept up to date.
- The personal and medical information provided on this form will be uploaded to the Club Management System and will be accessed by and shared on computers or mobile devices amongst Head Coaches, Committee Members and Team Managers when required.
- In accordance with the Team Bath AS Data Protection Policy, none of the information supplied will be shared, sold or passed on to any other third party.

COMMUNICATIONS: Team Bath AS will use the personal email addresses of parents/guardians for Team communication updates, competition entry information and newsletters. Please tick if you agree. Agree

I confirm that the information that I have supplied is correct and that I accept the Club Management System conditions.

Signed: _____ (Parent/Carer)

Date: _____



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Team Bath AS is committed to complying with data protection law and to respecting the privacy rights of individuals. When you become a member of, or renew your membership with Team Bath AS, you will automatically be registered as a member of Swim England and the relevant County and Region. We will provide Swim England with your personal data and comply with the General Data Protection Regulations. Our GDPR policies are available to view in the Privacy section of the Team Bath AS website.