



# Newbury District Swimming Club

Affiliated to South East Region ASA

## Club Membership Form

**Athlete's Name**.....**Date of Birth**.....

**Address**.....

.....**Mother's name**.....

.....**Father's name**.....

**Home Telephone Number**.....

**Mobile Telephone Number**.....

**Parent (1) Email Address**.....

**Parent (2) Email Address**.....

**Emergency Contact Number**.....

Does your child have any specific medical conditions requiring medical treatment and/or medication?

If so, please give details:

Does your child take any medication for asthma?

If so, please give details:

Does your child have any food, drug or other allergies?

If so, please give details:

Does your child suffer from any disabilities (physical, visual or hearing) or learning/recognised behavioural problems that could affect their behaviour while training e.g. ADHD

If so, please give details:

**Additional information** – Please give any additional information that you consider may be helpful to the coaches instructing your child.

**DECLARATIONS**

To the best of my knowledge & belief, the information given above is complete & accurate.

I undertake to keep the club informed of any changes that may arise in relation to the above information.

It may be necessary at some time for the teachers, coaches or team management staff accompanying your child to have the necessary authority to obtain any urgent treatment which maybe required. By signing the declaration below, you are giving consent for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to your son's/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking your personal consent.

I am aware of the Club Rules, Disciplinary Policy & Codes of Conduct & acknowledge the need for my child to abide by these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involves expense, I accept responsibility to meet any such costs reasonably incurred.

I am aware that the information declared, may be retained by the Club either in paper form or stored on computer. Copies will only be made available to those persons that directly supervise activities involving my child on behalf of the Club, but the confidentiality of the information will be respected at all times.

The Club is committed to compliance with the Data Protection Act 1998 – assuring parents/guardians that the processing of personal information will comply with the principles of good information handling.

Signed by Parent/Guardian ..... (or athlete if over 18)

Please print name.....Date.....

Please return this form to the Club Secretary.