

Chalfont Otters Swimming Club Membership Form



CHALFONT OTTERS SWIMMING CLUB is a competitive amateur swimming club. It is supported by subscription and meets regularly at Chalfont Leisure Centre and other local pools.

The object of the club is to coach swimmers to reach the standard required to compete against other Swimming Clubs in various leagues.

As guidance, applicants should have reached levels 8-10 of the ASA National Swim Awards and be able to demonstrate correct stroke technique in all 4 strokes. Applicants will be asked to attend a swimming session to assess their ability. Assessments are held on the first Sunday of every month excluding August. If you are accepted there will be a three-month probation period.

If swimmers are selected to represent the Club they are expected to make every effort to swim in matches when selected.

Session fees are payable in advance and are collected by the Treasurer using a monthly Standing Order. The session fees are published on the Club notice board at Chalfont Leisure Centre and in the Club Handbook; the Otters Committee sets these fees. All swimming members have at least two coaching session per week. Swimmers will be moved between club squads at the Coaches discretion.

Applications for membership can be made on this form, which should be handed to the Receptionist at the Chalfont Leisure in an envelope marked 'Otters Members Secretary' or bring along the completed form to the assessment if a date has already been discussed.

Please return all parts of this form to: Otters Membership Secretary, Chalfont Otters Swimming Club c/o Chalfont Leisure Centre, Nicol Road, Chalfont St Peter, Buckinghamshire, SL9 9LR

Applicants will be advised by either e-mail or telephone of the date and time of the assessment.

For further information contact otters@chalfontotters.org.uk



MEMBERSHIP FORM - PLEASE COMPLETE ALL ITEMS

Surname		Middle Initial:	Sex: M / F
Forename		Date of Birth:	
Mothers Name		Fathers Name:	
Address			
Telephone <i>The mobile number will be used for emergency contact unless you tell us otherwise.</i>	PostCode:		
	Day:		
	Evening:		
	Mobile:		
	Alternate Emergency Number:		
E-Mail Address			

Please note: If accepted into the club the above information and times achieved will be computerised and may be released to Official Swimming Authorities.

Where did you learn to swim?	
What level have you reached?	
Have you swum with a club before?	
Current School	
Have you a sibling in the Club?	
Are you taking any medication?	
Do you have any disabilities?	

I hereby apply for Membership of Chalfont Otters Swimming Club. If my application is successful I will abide by the Rules of the Club and by Rules and Regulations of Chalfont Leisure Centre.

Signed		Date	
Parents signature if under 16			
Print Name			

For Club Use Only

Date of Swim Assessment	Accepted	Not Accepted	Comments

MEDICAL INFORMATION FORM

Swimmer Name	Date of Birth

To be completed by members 18 years or over, or by parents/carers of swimmers under 18 years. Please delete Yes or No as appropriate and complete further details as necessary.

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you consider this child to have an impairment	Yes	No
--------------------------------------------------	-----	----

If yes, what is the nature of their disability?	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Hearing impairment
	<input type="checkbox"/> Multiple disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other (please specify)

Medical information

Please detail below, any important medical information that our club needs to know. Such as: allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and / or any injuries.

Name of child's doctor and surgery

Doctors telephone number

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 or British Swimming.

Signed (Swimmer): _____ Date: _____

Signature of Parent/Carer (if the swimmer is under 18 years): _____

For Parents/Carers of swimmers under 18 years

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 any urgent treatment, which may be required whilst at a competition with Chalfont Otters Swimming Club. Would you therefore please complete the details on this form and sign below to give your consent.

I, _____ being the parent/carer of the above named child hereby give permission for the Coach or Team Manager to give the immediately 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: _____ Date: _____

PHOTOGRAPHY CONSENT FORM

Note: this form should be read and completed after reading the Chalfont Otters Swimming Club Photography Policy which is based on ASA guidelines and is available on www.chalfontotters.org.uk

The Chalfont Otters Swimming Club may wish to take photographs of individual and groups of swimmers under the age of 18 that may include you child during their membership of the club. All photographs will be taken and published in line with the ASA Photography Policy. The club requires parental consent to take and use all photographs. Parents have a right to refuse agreement to their child being photographed.

As the parent or carer of _____ please complete the form below in respect of your child or children. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to.

Take photographs to use on the club's secure website	Consent given / Consent refused*
Take photographs to include with newspaper articles	Consent given / Consent refused*
Take photographs to use on club notice boards	Consent given / Consent refused*
Filming for training purposes only	Consent given / Consent refused*
Employ a professional photographer (approved by the club) who will take photographs in competitions / galas / meets / club events	Consent given / Consent refused*

*Delete as appropriate

Signature of Consent by Parent/Carer: _____

Print Full Name: _____ Date: _____