

CARADON SC MEMBERSHIP & SWIM ENGLAND APPLICATION FORM - Part One

Please ensure you complete both sides of the form

CATEGORIES			Tick
CAT1 - Age 8 & Under	Select	SE Cat1	
CAT2 - Age 9 & Over		SE Cat2	
CAT3 - Coaches/Poolside Helpers & Committee		SE Cat3	

All data collected on this membership form will be kept securely by club personnel. If at any time any of the above details change **PLEASE CONTACT THE MEMBERSHIP SECRETARY.**

Are you a member of another Club? - Please state and tick if this will remain your ASA Fee paying Club	Name of other Club/s	Tick

Membership No if known

Title	Dr/Mr/Mrs/ Miss/Ms etc	
First Name		
Preferred to be known as:		
Initials		
Last Name		

MEDICAL CONDITIONS (Please state or insert NONE)

DOB	
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ALLERGIES (Please state or insert NONE)

Address	
Town	
Post Code	

Home Telephone	
Mobile Telephone	
Home E-mail	
Parent E-mail	

EMERGENCY CONTACTS	TELEPHONE NUMBER/S
1 - NAME:	
2 - NAME:	
AT LEAST ONE OF THE TELEPHONE NUMBER'S MUST BE A MOBILE	

Gender	Insert M or F	
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Joining date	:	:	

ADDITIONAL INFORMATION (continue overleaf if necessary)

The club may wish to take photographs of individuals and groups of swimmers under the age of 18; this may include your child during their membership of the club. All photographs will be taken and published in line with the SE 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 please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to.

Photos to be used on club secure website	YES / (please delete as required)
Photos to be included in newspaper articles	YES / (please delete as required)
Photos taken by professional photographer at events	YES / (please delete as required)
Filming for training purposes	YES / (please delete as required)

I confirm that I have read and agree to the code of conduct and the club policies.		
SIGNATURE:	(Parent or Guardian if under 18)	DATE:

I (PLEASE PRINT IN BLOCK CAPITALS)..... hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.

SIGNATURE:		DATE:
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PLEASE TURN OVER



CARADON SC MEMBERSHIP & SWIM ENGLAND APPLICATION FORM PART TWO



DISCIPLINES

Select any relevant boxes:	Tick
Swimmer	
Master Swimmer	
Para Swimmer	
Open Water Swimmer	
Master Open Water Swimmer	
Water Polo	
Master Water Polo	
Diver	
Official / Volunteer	
Paid Workforce	
Other (Parent/Life Member)	

DISABILITY

Select any relevant boxes:	Tick
Visual Impairment	
Hearing Impairment	
Learning Disability	
Physical Disability	
Multiple Disability	
Wheelchair User	
Other (please specify below)	

FURTHER ADDITIONAL INFORMATION

Swim England & CLUB MEMBERSHIP ANNUAL

FROM JAN 1ST

Swimmers 8 & Under	CAT 1	£ 28.00
Swimmers 9 & Over	CAT 2	£ 46.00
Volunteers	CAT 3	£ 8.20

FROM OCT 1ST

Swimmers 8 & Under	CAT 1	£ 14.00
Swimmers 9 & Over	CAT 2	£ 23.00
Volunteers	CAT 3	£ 4.10