



**Membership Form 2012**

**Please complete the details on the following pages and return them to the Club**

**Membership Secretary, Linda Hannam.** It is important that you update SL CSC with your personal, medical and contact information in case of any emergency eg. illness, pool closure etc.

**If there is any part of the form that you need assistance with please do not hesitate to contact the Membership Secretary or any other Committee Member.**

**Please complete all sections. For Members under the age of 18 a Parent/Carer must complete and sign the form.**

**PERSONAL DETAILS**

Full Name: .....

Date of Birth: ..... Gender: Male / Female

ASA Registration number (if you already have one): .....

Other Clubs of which you are a Member? .....

Which is your ranked Club?.....

Home Address: .....

..... Postcode: .....

Home Telephone Number: .....

Are you registered Disabled? **Yes / No**

If **YES** please give details and/or swimming category:

Hearing / Visual / Physical / Learning / Multiple / Other

Ethnicity Code: ..... (choose from below)

- |   |                               |                                  |                         |
|---|-------------------------------|----------------------------------|-------------------------|
| <b>A</b> - White– British,                  | <b>B</b> - White-Irish,       | <b>C</b> - White-Other,          | <b>D</b> - Asian–Indian |
| <b>E</b> - Asian-Pakistani,                 | <b>F</b> - Asian–Bangladeshi, | <b>G</b> - ~Asian-Other          | <b>H</b> – Chinese      |
| <b>I</b> - Mixed-White and Black Caribbean, |                               | <b>J</b> - Mixed-White and Asian |                         |
| <b>K</b> - Mixed-Other                      | <b>L</b> - Black-Caribbean    | <b>M</b> - Black-African         | <b>N</b> - Black-Other  |
| <b>O</b> - Other Ethnic Group               |                               |                                  |                         |

SL CSC uses email regularly to contact its Members. If you have access to email facilities please note here any email addresses that you wish to be contacted through:

Email address(es): .....

**PHOTOGRAPHY AND VIDEOING**

From time to time the Club may take photographs, or video, for either training, promotional or media purposes for SL CSC only. Photographs may also go onto our website www.sl CSC.co.uk. Please indicate below whether photographs or videos can be taken of you.

- I do / do not wish to be photographed (Please delete accordingly)
- I do / do not wish to be videoed (Please delete accordingly)

Signature of Member (or Parent/Carer): .....Date: .....

If you have any objection to being photographed or videoed, or to appear on the Club’s website (following strict ASA guidelines) for promotional, media and training purposes, then please note that it is your

responsibility not to be part of any photos/videos and to state to whoever is taking photographs/filming that you object. The Club cannot be held responsible.

## **FEES**

Membership and training fees are set by the Committee to cover the running costs of the Club. As most costs, eg. pool hire and coach's salary, are annual costs paid on a monthly basis, the Committee take the expected annual budgeted costs and recover them from members through twelve equal monthly fees. To maintain the club's finances it is not possible to give refunds should it not be possible to provide the occasional training sessions.

### **Monthly Squad Fees (Membership Fee + Squad Fee)**

Senior Elite	£45.50	Green Cap	£15.00
Senior Competition	£36.50	Yellow cap	£15.00
Junior Elite	£36.50	Red Cap	£15.00
Junior Competition	£33.00		
Junior Squad	£27.25	Club/Weekenders	£18.75
Development	£20.25	or both	£32.00

Squad you are joining: .....

Membership Fee plus Squad Fee: £ ..... per month, to be paid monthly on the 1<sup>st</sup> by standing order to: Lloyds TSB, Sort Code 777225, Account Number 26526360.

ASA fee for 2012 for Category ..... = £ ....., payable now (see table below).

Category	Membership Category	A.S.A. Category Description	ASA Annual Membership Fee
1	Swimming	Any Member under the age of 9 years and who doesn't turn 9 years during 2011.	£10.40
2	Swimming	Members who will turn 9 years during 2011 or who are aged 9 years and above.	£27.20
3	Non Swimming	Members of any age who are not in category one or two (coaches, officials and all volunteers).	£7.20

## **MEDICAL AND EMERGENCY DETAILS (All Members to complete)**

Following updated guidelines from the ASA, all Clubs are now asked to request up-to-date medical information for each swimmer, just in case you require any form of medical assistance when attending a training session or competition.

All swimmers, or if under 18, a Parent or Carer, must complete this Medical Declaration. All information given on this form will be treated with the utmost respect and will be kept confidential. It will only be available to appropriate team staff such as coaches and team managers.

1. Do you have any illnesses, medical conditions or disabilities e.g. diabetes, asthma, epilepsy, heart problems, allergies? **Yes / No** *Please give details*

.....  
.....

2. Do you use regular medication or have an inhaler? **\*\* Yes / No** *Please give details*

.....  
.....

3. Could this be required during training sessions, galas ie. on poolside? **Yes / No**  
*If so, please let your coach know where to find your medication*

*\*\* if you take any medication eg. for asthma, and you compete at National Age Group/Youth level or above you are required to complete a British Swimming Medical Declaration Form annually, or sooner if it requires updating, and send it directly to the ASA as specified on the form itself. Please request the form from the Membership Secretary.*

4. Do you have any eyesight problems, including short sightedness? **Yes / No**

5. Do you have any hearing problems? **Yes / No**

6. Do you have any allergies e.g. to medication, food, drink, etc? **Yes / No**

7. Do you have any other relevant problems e.g. back problems? **Yes / No**

**If YES**, to any of the above, please give details, including any medication, and any supplementary information which may assist the Club in training/competing and in the event of an incident: *Please write on a separate sheet if necessary*.....

.....  
.....

**FOR SWIMMERS UNDER 18 YEARS OF AGE**

In case of a **MEDICAL EMERGENCY** affecting a child under age 18 a coach or Club representative will make every effort to contact a Parent or Carer. If this is not possible, **do you agree that the Coach or Club representative may act in loco Parentis** with respect to emergency first aid treatment including administering any prescribed medication defined above? **Yes / No**

I (Parent/Carer if under 18) agree for the information provided above to be made available to the coaches and poolside staff of SLCSC to enable them to ensure the welfare, health and safety of swimmers. I confirm the accuracy of the information and will notify the Club of any change. I am willing for the information to be held on SLCSC's database.

Parent / Carer Name: .....

Parent / Carer Signature: ..... Date: .....

**ALL SWIMMERS** The following information is required to enable the swimming Club to contact somebody for you in the case of an emergency. Please write any contacts in the order that you would like us to call.

1) Name: ..... Relationship to swimmer: .....

Telephone Numbers : .....

2) Name: ..... Relationship to swimmer: .....

Telephone Numbers : .....

3) Name: ..... Relationship to swimmer: .....

Telephone Numbers : .....

**SLCSC MEMBERSHIP DECLARATION**

**Having completed the Membership form you are required to read the following information and confirm your agreement at the bottom.**

- South Lincs Competitive Swimming Club will not use the data, or share the data with any third party, for marketing or commercial purpose, and will abide by the Data Protection Act 1998 as laid down by the A.S.A. Guidelines.
- Competitors competing at National level or above who are taking any medication must complete a British Swimming Medication Declaration Form each year. This can be obtained from the Membership Secretary if required. Please complete it, keep a copy for yourself and send a copy direct to the Membership Department, ASA, Freepost, Loughborough, LE11 0BR
- As a Member of the South Lincs Competitive Swimming Club I agree to update the Club with any new contacts or medical information.
- I hereby give consent for my personal data, together with any records of my competitive performances, to be kept on computer, by personnel appointed by the Club and for the sole use of the Club.
- I acknowledge receipt of the Club's Constitution. I can confirm I have read the rules of South Lincs Competitive 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.

Signature of Member: ..... Date: .....

*(If under 18 years of age Parent/Carer must sign below)*

Signature of Parent/Carer if Member under 18 years: .....

Name of Parent: ..... Date: .....