

**SOUTHWOLD SWIMMING CLUB**

**MEMBERSHIP FORM**

**NB – Annual ASA Registration fee payable with this form**

Name:

Date of Birth:

Gender:

Male / Female

*NB Address / contact details must be supplied on Medical Information and Consent form, which should be returned with this form.*

Disabled category:

Ethnic origin:

*(Self-description)*

The club may wish to photograph and publish names of individuals for fund raising and promotional purposes, for publication primarily on the web site and in local newspapers. **If you do NOT wish your child to be photographed, then please contact the Public Relations Officer (in writing), whose details can be found on the Club website**

It may be considered necessary to use poolside video techniques to assist in stroke and/or racing development. Any video will not be permanently stored or publicly published. If a video session is programmed your child may not be allowed to attend that session if you do not agree. **Please tick the box below if you do NOT wish the coaches to use video techniques on your child.**

**FAO Parents**

**Voting at the Club AGM**

Please note that, according to the Club Constitution, only parents who are themselves members of the ASA are entitled to vote at the Club AGM, which is held in July.

Parents who would like to vote need to register as a member of the ASA. **Please tick the box below to request a pink ASA Membership Form.**

The fee will be covered by the Club, but all members should expect to be called upon to help with the running of the Club

Please indicate which of the following roles you would be willing to help with:

Role	Parent 1	Parent 2
Committee Member		
Admin role		
Judge		
Time keeper		
General assistance at galas		
Teaching staff / Poolside help		

*If you require further information about any of these roles please contact the Chair, Richard Tomlinson tel: 01454 294409 or email [MrRichTom@aol.com](mailto:MrRichTom@aol.com)*

I have read the Club Handbook (copy on Southwold web site), understand the policies and agree to abide by the rules of the Club and ASA and any other relevant associations to which the Club may be affiliated. I agree that my details can be held on computer for the purpose of the smooth running of the club.

Signed (Swimmer)

Signed – Parent/Carer (if under 18 years)

Date

Date

**On completion this form should be returned to the Membership Secretary, together with:**

- 1. the Medical Information and Consent Form, and**
- 2. a cheque for the fee appropriate to your category of membership**

<b>Category of membership:</b>	<b>Fee payable:</b>
Swimming – Category 2 - competitive squads	£40.00
Swimming – Category 1 – Non competitive	£10

**Membership Secretary**

Juliet Jones

24 Burleigh Way, Wickwar

South Gloucestershire GL12 8LR

Tel: 01454 294621 juliet.jones24@btinternet.com

**Notes**

1. The club membership database is subject to the Data Protection Act 1998.
2. Names and addresses may be supplied to third parties for the sole purpose of insurance related requirements. If you have any objection to this, then please make it known immediately to the membership secretary.
3. Annual Membership fees are payable as per Club Constitution (copies available on website):
  - Training fees are payable (details available on website) fees remain payable if members fail to participate i.e. due to holidays, sickness etc.
4. Children under 12 years must not be left at the pool without a responsible adult present in the building.
5. Members must notify the club of ANY changes to medical conditions which could affect the safe participation in club activities i.e. asthma
6. The Club reserves the right to refuse membership in accordance with the Club Constitution
7. The codes of conduct for Parents, Officials and Volunteers and participants must be adhered to at all times.