



Formby Swimming Club Membership Form



Please read the following information carefully.

1. I confirm that I have read, and agree to abide by the code of conduct and the club policies. I acknowledge receipt of the rules of Formby 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
2. I agree to adhere to the rules regarding poolside discipline at all times.
3. 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.
4. Formby Swimming Club will not use or share the data with any third party for marketing or commercial purposes, and will abide by the Data Protection Act 2018 as laid down by the ASA Guidelines.
5. I hereby give permission for Formby Pool Lifeguard to provide necessary medical treatment. I authorise adult Club Coaches, Team Managers or authorised persons to provide medical treatment if necessary.
6. I will ensure that if I require any medical equipment I will attend sessions and events with the required items in a suitable condition for use.
7. All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need to know basis. If at any time any of the above details change please contact the membership secretary.
8. We have set our Subscription fee (paid annually) at £10, where one child is a member of the club. Any additional siblings will be an extra £5. Please pay this into the Formby Swimming Club Bank account, at Sort Code 773219 Account Number 21128560, including the swimmers name(s) in the payment description. Any payments made by cheque, to be payable to **Formby Swimming Club**, with the Swimmers name written on the reverse.

Members Name:	Date of Birth
Address:	
Emergency Contact 1 Include Name Landline & mobile numbers	Relationship
Emergency Contact 2 Include Name Landline & mobile numbers	Relationship
Email (parents email if under 18)	Swimmers Gender _____ (please fill in the blank)
Known Medial Conditions and Allergies	Detail any medication taken
Is Swimmer s member of any other Club, Y/N? If Yes Provide Name	
Signature of Member	Date

Signature of Parent(s) if swimmer is under 18	Date
Annual subscription, £10 for one child/£5 per additional sibling - I paid by Bank Transfer / Cheque enclosed	Date Paid