FORMBY SWIMMING CLUB - MEMBERSHIP FORM

Welcome to the club! In order to ensure we can provide you with a safe and enjoyable experience please complete the details below and submit to the club’s Membership Secretary (contact details at end of form). If the new club member is under 18 years of age then please provide contact details for the parent/carer rather than the member.

| **Member’s Full Name** |  |
| --- | --- |
| **Date of Birth** |  | **Gender**  |  M / F |
| **Address** |  |
| **Email**  |  |
| **Mobile** |  |
| **Emergency Contact 1**(name, mobile, email and relationship to member) |  |
| **Emergency Contact 2**(name, mobile, email and relationship to member) |  |
| **Medical Information** (*Please include any primary and secondary disabilities. All disclosures will be kept confidential and only shared when appropriate to do so)* |  |
| **Allergies**  |  |
| **Medication**  |  |
| **Ethnicity**  |  |
| **Additional Information** *(Please include any info that you believe will help us provide you with a positive experience. eg: gender pronouns, reasonable adjustments you require, prev swimming experience or simply a preferred nickname!)* |  |
| **Is this the only Swimming club that the swimmer is a member of?** |  Yes / No | **Swimming Club name** |  |

**MEMBERSHIP FEES**

We have set our membership fee to be paid annually at £30. This includes the required [Swim England membership](https://www.swimming.org/), which we will complete on your half. Any additional siblings’ memberships will be at the reduced fee of £25. Please pay this into the Formby Swimming Club bank account, including the swimmers name(s) in the payment description/ reference: **Sort Code 773219 / Account No 21128560**. Any payments made by cheque should be payable to **Formby Swimming Club**, with the Swimmers name(s) written on the reverse.

| **Annual subscription £30 for one child and £25 per additional sibling****I have paid £ ………………….. Bank Transfer** ☐ **Cheque enclosed** ☐ | **Date paid ……………………………..** |
| --- | --- |

 **PHOTO CONSENT**

The club may wish to take photographs or film individual and groups of members under the age of 18 that may include your child during their FSC membership. All photographs and filming and all use of images will be in accordance with the [Swim England Photography and Filming Guidance](https://www.swimming.org/london/data-protection-guidance-clubs/) and the club’s [Privacy Policy](http://formbyswimmingclub.co.uk/files/FSCPN.pdf). The club requires consent to take and use photographs/film. Parents/guardians have a right to refuse agreement to their child being photographed/filmed. As the parent/guardian please indicate your permission below. Please note that you can withdraw your consent at any time should you wish to do so. This must be done in writing to the club Welfare Officer welfare@formbyswimmingclub.co.uk

As parent/guardian of …………………………………………………………..…..…………. I am happy for:

| My child’s photograph to be used on club website | Yes / No |
| --- | --- |
| My child’s photograph to be used on club social media platform/s | Yes / No |
| Photos to be included in newspaper articles | Yes / No |
| Photos taken by professional photographer at events | Yes / No |
| Filming for training purposes | Yes / No |

 **CODE OF CONDUCT**

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 FSC. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

Signature ......................................………………. (Parent/Guardian if swimmer is under 18) Date………………………

I (PLEASE PRINT IN BLOCK CAPITALS)………………………………………………………………. being the parent/ guardian of the above named child hereby give consent to the use of this information by the club for the protection and safeguarding of my child’s health. I also give permission for the Coach, Team Manager or other Club Officer to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son’s/daughter’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.

I understand that the club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

Signature ......................................………………. (Parent/Guardian if swimmer is under 18) Date………………………

The club will use your personal data for the purpose of yours/your child’s involvement in training, activities or competitions with the club. For further details of how we process your personal data or your child’s personal data please review our Privacy Policy. The Club's Privacy Policy can be found on our website.

**If at any time any of the above details change please contact Liz Brady, Club & Membership Secretary at** **admin@formbyswimmingclub.co.uk**