

APPLICATION FOR MEMBERSHIP of Wellington (Telford) Amateur Swimming Club

From 1 January 2019 to 31 December 2019

Affiliated to the West Midland and Shropshire ASA Regions

1. Member Details PLEASE PRINT IN BLACK INK

Forename(s):	<input type="text"/>	Address:	<input type="text"/>	
Surname:	<input type="text"/>		<input type="text"/>	
Date of Birth:	<input type="text" value="DD/MM/YYYY"/>		Gender	<input type="text" value="M / F"/>
Home Phone:	<input type="text"/>		Post Code	<input type="text"/>
Mobile Phone:	<input type="text"/>			
Email:	<input type="text"/>			
Email (2):	<input type="text"/>			

Are there any **medical conditions** or **special needs** of which we should be aware? e.g. **epilepsy, diabetes, asthma, ADHD or allergies** etc...

2. Emergency Contacts (Where possible these should be different from the home phone above)

Primary Contact:	Forename	<input type="text"/>	Surname	<input type="text"/>
Relationship:	<input type="text"/>		Phone:	<input type="text"/>
Alternate Contact:	Forename	<input type="text"/>	Surname	<input type="text"/>
Relationship:	<input type="text"/>		Phone:	<input type="text"/>

3. Swimming Details

Membership Type: Individual Two Swimmers Non-Swimming Family NCM

Swimming / Teaching Disciplines – tick one

Teaching	Squad	Club / Waterpolo
Penguin / Dolphin <input type="checkbox"/>	Juniors <input type="checkbox"/>	1 Session <input type="checkbox"/>
Piranha / Shark <input type="checkbox"/>	Seniors <input type="checkbox"/>	2 Sessions <input type="checkbox"/>

Current Swimming Arrangements

No. of Sessions Per Week

Standing Order Reference

Current Standing Order



- Cat 1 – Non-competitive and any age under 9
- Cat 2 – All Competitive and swimmers over age 9
- Cat 3 – Non-swimming members i.e. Committee

Is the applicant a member of another swimming club? If Yes, Name of club:

ASA Number If Known

Wellington (Telford) Amateur Swimming Club - Membership Application Form

Club Web Site - wellingtontelfordasc.co.uk

4.

Please tick here if you **DO NOT** wish the swimmer to be filmed for training purposes only

Please tick here if you **DO NOT** wish the club to take photographs to use for any kind of

All photographs will be taken and published in line with the **ASA Photography Guidance**. Parents can withdraw consent in writing

5. Declaration

I acknowledge that I have read and understood the rules, bye-laws and constitution of Wellington (Telford) Amateur Swimming Club (the Club) and confirm my understanding and acceptance that they may be subject to amendment by club officers and shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in the said the rules, bye-laws and constitution. Copies of this documentation can be found on the Club's website.

I have read and agree to abide by the Codes of Conduct (Parent/swimmer/volunteer as appropriate) and the Summary of Exceptions found on the Club's website (if the member is under 18 years of age, the responsibility is with the parent/guardian to ensure the member has been advised and understands the swimmers code of conduct and expectations).

I agree to keep the Club informed of any changes. All correspondence will be by email to the Club Secretary.

I confirm that I have read the **Wellington (Telford) ASC Data Protection Notice** and the **Swim England Data Protection Notice**, both of which are available on the Club's website. As a consequence, I give my consent that the member named above may have personal data used as specified

I consent to the member receiving of urgent medical attention where consent is not immediately available.

I acknowledge monthly fees are due in advance and are spread into 12 monthly payments based on a 46-week swimming year (allowing for holiday periods)

Date

DD/MM/YYYY

Signed (Member):

Signed by Parent / Guardian if member is under 18 years of age:

6 . Club Administration (Club Official Use Only)

New Swimmer Assessment

Assessed By (Name)

Assessed On (Date)

Trial Sessions (Maximum 3)

Date 1

Date 2

Date 3

Trial Period Ends (Assessment Date Plus 1 Calendar Month)

Date

On completion of Trial Period / Sessions (Whichever is sooner)

Member Entered Onto Database

Membership Fee and S/O Form (copy) Passed To

Member entered onto

Standing Order checked

Member entered onto



Revision 1 of 2019

