

**CHEADLE (STAFFS) & DISTRICT ASC
MEMBERSHIP FORM**

Full Name:

Address:

Phone:

Mobile:

Postcode:

E mail:

Date of Birth:

Gender: Male / Female

Contact in case of emergency

Name:

Address:

Alternative contact in case of emergency (not parent/carer)

Name:

Address:

Tel No:

Relationship:

Tel No:

Relationship:

Are there any medical conditions/disabilities/special needs which the club should be aware of e.g. allergies, epilepsy, diabetes, asthma:

Any regular medication:

Disabled category:

**Ethnic background:
(self explanation)**

Membership Category Type (please tick)

| | | | |
|----------|---|---------------|--------------------------|
| A | Little Otters Lessons | £7.50 | <input type="checkbox"/> |
| B | Parent/teachers/coaches and spectators | £10 | <input type="checkbox"/> |
| C | Club Swimmers – Groups 1-4 | £25 | <input type="checkbox"/> |
| D | Senior Swimmers – age 18 or over on 31.12.09 OR Dual Members (Cheadle 2nd Club) | £12.50 | <input type="checkbox"/> |

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Are you a member of another club Y/N Which club?

I have read the declarations overleaf.

Signed

Date

I have read the declarations overleaf.

Signed by Parent/Carer (if under 18 years)

Date

Declarations

Please read carefully before signing overleaf.

Application.

I apply for membership of Cheadle (Staffs) & District ASC and agree to adhere to the club Code of Conduct and the ASA Code of Ethics (see notice board and website)

Rules of the club.

I acknowledge receipt of the rules of Cheadle (Staffs) & District ASC and confirm my understanding and acceptance that these 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 those rules.

Accuracy of information.

I confirm that to the best of my knowledge the information given in this form is complete and accurate and I undertake to keep the Club informed of any changes.

Consent to activities.

I am aware of the type of activities likely to be undertaken and consent to my child taking part. I acknowledge that the club will only be liable in the event of an accident if they have failed to take reasonable steps in their duty of care for my child. I understand that the club officials have a common law duty to act in the capacity of a reasonable parent.

Data Protection Notice.

The information entered on this form and any other data collected during the period of membership will be used by the officers of the Club for the purposes of processing your application and dealing with you as a member. We may also share the information with the ASA and event organisers for registration, entry and statistical purposes but we will not disclose it to any third party for marketing or commercial purposes without your permission.

Consent to photography.

As part of the coaching it may be necessary for coaches to use video/photography from time to time to assist in the swimmers' training. Cheadle (Staffs) & District ASC recognises the need to protect the welfare and safety of all young people in sport. In accordance with our Child Protection Policy we do not permit video or other images of young people to be taken without the consent of parents / carers and children. The club will take all steps to ensure any images taken are used solely for the purposes they are intended. If you have any concern over the use of any image you should inform the club immediately. Images may be used as a celebration of achievement or for promotional use by the club and may appear in newspapers, on the club website or for educational purposes (video footage). In addition to photographs results may be published from competitive swimming events which may include swimmers name and date of birth.

Please tick here if you DO NOT wish your details / images to be used as described above: