



Gloucester City Swimming Club

c/o GL1, Bruton Way, Gloucester GL1 1DT

Affiliated to the ASA, South West Region



MEMBERSHIP APPLICATION FORM

NB If you have ASA membership through another club, we need to know.

Swimmer Information			
Surname:		First Name:	
Middle Initial:	Title:	Male/Female:	Known as:
Address:		Date of Birth:	
		Home Telephone:	
		Mobile Telephone:	
Postcode:			
Email Address:			
School/College/University:		Family members swimming at GCSC (name & squad):	
ASA Member ID (if already registered):		Existing swimming club membership (if applicable):	
Parent/Carer/Guardian Information (who will become a member of the Club if swimmer is under 16 years old)			
Surname:		First Name:	
Middle Initial:	Title:	Male/Female:	Relationship to swimmer:
Address:		Day/Evening Telephone:	
		Emergency Telephone:	
		Mobile Telephone:	
Postcode:			
Email Address:			
Alternative emergency contact			
Surname:		First name:	
Title:		Relationship to swimmer:	
Mobile telephone		Day/Evening telephone:	
Email address:			

MEDICAL INFORMATION

For Parents/Carers/Guardians of Competitive Swimmers under 18 years

Please complete the following medical details and sign below to give your consent:

Medical Information	
Doctor's Name:	Telephone Number
Address:	
Postcode:	Emergency Telephone:
Details of any Medical conditions (asthma/allergies/conditions including a list of medications etc):	

It may be essential at some time for the Club Coach or Team Manager accompanying your swimmer to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition, swim camp or during training with GCSC.

I, being the parent/carer/guardian of the above named child hereby give permission for the Coach or Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Parent/Carer/Guardian: _____

Date: _____

PHOTOGRAPHY & VIDEO CONSENT

The club may wish to take photographs (individual or in groups) of swimmers under the age of 18 years old for use on the club website, newsletters or other club publicity.

As the parents/carer/guardian of the swimmer named above, please complete this section in respect of your child. You can withdraw your consent at any time by writing to the club Welfare Officer.

PHOTOGRAPHY CONSENT GIVEN/REFUSED (please delete as appropriate)	Signature of Parent/Carer/Guardian:
--	-------------------------------------

DATA PROTECTION NOTICE & CONSENT

GCSC will hold the details provided on this membership form with other information it holds or obtains from or about you and will use this for the following purposes:

For maintaining records

To respond to any enquiries you make

To administer any events in which you participate or may wish to participate

To deal with any events involving you

To create anonymised aggregated information about members and swimmers to enable us to secure funding

Medical information in case of emergency. This information is securely stored in the clubs database and is used only as required to assist in an emergency.

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming.

I understand that by signing this form I am confirming that I have received, read and understood the Data Protection Notice in relation to the collection and use of my information.

Signature of Parent/Carer/Guardian: _____

Date: _____

PAYMENT OF FEES – Monthly fees are calculated over 12 months of the year. For details of the current fees please see our webpage. <http://www.gloucestercityswimmingclub.co.uk/about-us/fees/>

- *I accept that payment must be received before I/the swimmer enters the water and fees are due monthly between the 1st and 5th day of each month, regardless of how often they swim.*
- *I will ensure that all fees and increases are paid by standing order on the due date and if there is a lapse in payment I/the swimmer may be suspended from training until such outstanding fees are reimbursed to the club.*
- *I accept all the terms stated in this form, other policy documents including Code of Conducts and the Club Constitution including this statement as set out below:*
I acknowledge receipt of the rules of Gloucester City 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.

Signed: _____ Date: _____