

MEMBERSHIP FORM 2017/2018

CLUB USE ONLY:	Week:	Total:	Conc:	Due:	Method:	Paid:	ID:
				ASA No :	Category:		

SECTION A - MEMBER DETAILS

SURNAME:	ETHNICITY:
FIRST NAME:	
SECOND NAME:	MALE/FEMALE
KNOWN AS:	School attended:
DOB : (DD/MM/YYYY)	School Year:
ADDRESS 1:	Parent Mobile number(s):
ADDRESS 2:	Home Phone Number:
TOWN/CITY:	
POSTCODE:	
Parent email address*:	

SECTION B - EMERGENCY CONTACT DETAILS: (Each member should provide TWO emergency contact details)

The ASA recommend that the club hold a non-parent/guardian emergency contact number for each member.

1) Name (Parent/carer):	2) Name:
Relationship:	Relationship:
Contact No (1):	Contact No:
Contact No (2):	Signature:

A signature is required for each non-parent/guardian contact.

SECTION C- MEMBER'S MEDICAL INFORMATION: Please state any medical conditions, disability or other factors which need consideration for inclusion in club activities.

Name (print):			Signature:			Date:	
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To be signed by parent/carer for members under 18.(Data Protection Policy requires a specific authorisation for the holding of this information)

SECTION D - SESSIONS – Indicate here the squad to which you have been allocated: _____ and the number SESSIONS per week that you wish to swim _____ Please fill in the table below as follows: 1. Using the session timetable check which days of the week have sessions for your squad (named above). 2. Work out which sessions are your most and least preferred days/times. Rank the sessions by number (1=most preferred...4 (or 5 or 6 etc) = least preferred). 3. Put the numbers against the day of the week on the table below. Please number ALL available sessions.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Swimming: AM							
PM							
WATER POLO:							

SECTION E - PAYMENT

Payment Method: 1) Cheque in Full: £ 2) Standing Order:

Concession Request and Reason :

SECTION F - DECLARATION & CONSENT: To be signed by parent/carer for members under 18

- I have read and understood the Codes of Conduct, Policies, Disciplinary Procedures & Constitution of Boldmere SC.
- I and my child will abide by the rules of Boldmere SC Club as described in the Boldmere SC Codes of Conduct for Swimmer and Parents.
- I agree to fulfill my obligations described in the above documents as parent/carer of a Boldmere SC member.
- I consent to my child being transported to/from galas on coach(es) provided by Boldmere SC.
- I give permission for the Coach/Team Manager to authorise competent medical authorities to undertake medical or surgical treatment to my child, should delay of my consent be contrary to my child's interest.
- I understand that the fees payable are for the full year .
- I consent to the use of personal information (above) for the purposes and on the terms set out in the Club's Data Protection Policy. (see 'Membership Terms and Conditions 2016- 2017')
- I consent / do not consent** (delete as appropriate) to the use of photography as set out in the BSC Photography Policy. Should you fail to indicate that you do not consent to the use of photography as set out in the BSC Photography Policy you will be deemed to have consented by signing this membership form. You can withdraw your consent at any time by informing the [Membership Secretary] in writing.

Name (print):	Signature:	Date:
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To be signed by parent/carer for members under 18

Boldmere Swimming Club Policies, Rules, and Code of Conduct are available from BSC Desks and www.boldmereswimmingclub.co.uk

CLUB USE ONLY: Date joined: _____ Membership Year: _____ No of sessions: _____ WP: _____ Match Fee: _____

Please return completed forms to: Del Stanger, Membership Secretary, Boldmere Swimming Club, 38, Holifast Road, Wylde Green, Sutton Coldfield. B72 1AE. Email: boldmeremembershipsecretary@gmail.com

*Email address used for membership communication and club news and announcements only. Details will not be passed to third parties.