

SKIPTON 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.

Name	
Date of Birth	
Gender (<i>Please delete as appropriate</i>)	Male / Female / Prefer Not to Say / Prefer to Self-describe:
Telephone	
Email Address	
Address	
Medical Information (<i>Please include any primary and secondary disabilities. All disclosures will be kept confidential and only shared when appropriate to do so</i>)	
Allergies	
Medication	
Emergency Contact 1 (name, number and relationship to member)	
Emergency Contact 2 (name, number and relationship to member) <i>One of these must be a mobile number and not a landline</i>	
Ethnicity (<i>i.e. White British / Mixed White & Asian / Black Caribbean etc.</i>)	
Country of international representation	

Additional Information

(Please include any information that you believe is relevant to help us provide you with a positive experience. Some examples may include: gender pronouns, reasonable adjustments you require, previous swimming experience or simply a preferred nickname!)

Is this the only club that the swimmer is a member of?

Yes / No

Other Club

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 membership. All photographs and filming and all use of images will be in accordance with the Swim England Photography and Filming Guidance and the clubs Privacy Policy. The club requires consent to take and use photographs. Parents/Guardians have a right to refuse agreement to their child being photographed. As the parent/guardian please indicate your permission below. Please note 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.

As parent/guardian of {insert name of child} I am happy for: (confirm yes/no below)

My child's photograph to be used on club (secure) 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

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 {insert name of 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.

Signature(Parent/Guardian if 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 under 18) Date.....

The club will use your personal data for the purpose of 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 our Privacy Policy.

If at any time any of the above details change please contact the membership secretary at ruth@skiptonsc.co.uk