



CHELMSFORD SWIMMING CLUB

MEMBERSHIP 2012

The following information will be held on a computer database.

Section :

Competitive Squad/Development Squad/Disability Section/Junior Teaching/Lifesaving/Masters/Swim Fit/Synchronised Swimming/Water Polo

Please tick relevant box to indicate the "type" of Membership

Please tick the relevant box to indicate the "classification" of Membership

Renewal

New Member

Date of first swim (new member only)

Date of Birth / /

Non Swimming Member

Category 1 Member

Category 2 Member

ASA registration Number (if known)

If you are a member of any other swimming club, please specify

Surname Forename(s) Initial

Address

Postcode E-mail
(Parent/Guardian e-mail if under 18 years of age)

Home Tel Number

Parent / Contact (1) name Parent / Contact (2) name

Parent / Contact (1) Mobile No..... Parent / Contact (2) Mobile

Parent / Contact (1) Work Tel No:..... Parent / Contact (2) Work Tel

Please carefully read the following information:

1. As a member of the Chelmsford Swimming Club, I agree to abide by the rules of the club as written in the Club's constitution and the Code of Conduct and Anti bullying policy.
2. I hereby give consent for my personal data together with any records of my competitive performances to be kept on computer, by personnel appointed by the club.
3. Chelmsford Swimming Club will not use the personal data, or share the data with any third party for marketing or commercial purpose.

Signature of Club Member or signature of Parent/Guardian if under 18 years of age

Please tick this box if you do **not** want your picture included any club related pictures, promotional material or press reports

Category	A.S.A. Category Description	ASA Fee	CSC Fee	Fees due for 2012	Fee received (official use only)
1	Members of any age who are learning to swim or who are swimmers at any level who do not compete in any discipline in open competition, other than those exempted under Law 312.1.2.	£ 11.55	£ 7.00	£	
2	Members of any age who compete in any discipline in open competitions, other than those exempted under Law 312.1.2.	£ 28.35	£ 7.00	£	
3	Non-Swimming - Members of any age who are not in category one or two (parents, coaches, officials and all volunteers).	£ 5.20	-	£	
	Chelmsford Swimming Club Family Membership (3 or more members)	-	£ 18.00	£	

CHELMSFORD SWIMMING CLUB

Swimmers Medical Declaration

Members name:

Following updated guidelines from the A.S.A., all clubs are now asked to request up to date medical information for their swimmers, just in case you require any form of medical assistance when attending a teaching, training session or competition.

All swimmers, or if under 18, a parent or guardian, must complete this Medical Declaration Form and return it along with your 2012 membership form and fees.

All information given on this form will be treated with the utmost respect and will be kept confidential and will only be available to appropriate team staff such as coaches, team managers and chaperones.

Family GP Telephone number

Do you have any specific medical conditions requiring medical treatment and/or medication?

.....

Do you suffer from asthma ? Yes / No

Do you take medication ? Yes / No

If Yes, please give details:

For minors:

Does your child have up to date Tetanus cover ? Yes / No

Does your child have any food, drug or other allergies ? Yes / No

If Yes, please give details:

Does your child suffer from any disabilities (physical, visual or hearing) or learning/recognised behavioural problems that could affect their behaviour whilst training e.g. ADHD ? Yes / No

If Yes, please give details:

Is there any other information you feel we should be aware of ? Yes / No

If Yes, please give details:

It may be essential at some time for a Club Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition, training or a club organised trip. Therefore please complete the details on this form and sign below to give your consent.

I, being parent/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 doctor's medical opinion, for any delay to be incurred by seeking my personal consent

In the event of any new or change to a medical condition or information above, I hereby undertake to immediately advise Kerry Duffy in writing.

Signature of Club Member or signature of Parent/Guardian if under 18 years of age.

.....

Please return the completed form to either a coach or Kerry Duffy on poolside or by post to:
Kerry Duffy, 47 Galleywood Road, Great Baddow, Chelmsford, CM2 8DJ

This form is 2 pages – please complete both sides