



Carnegie Swimming Club : Membership Form



Swimmer Details

Date Started:

SASA No:

First Name:

Last Name:

Date Of Birth:

Home & mobile No:

Contact Details

Address:

Email:

Emergency Contact 1

Emergency Contact 2

Volunteering - The club is entirely volunteer run, please advise if there is a role you could help out with.

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|------------------------|--------------------------|-------------|--------------------------|---------------|--------------------------|
| Poolside Helper | <input type="checkbox"/> | Judge | <input type="checkbox"/> | Publicity | <input type="checkbox"/> |
| Coaching | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> | Admin | <input type="checkbox"/> |
| Timekeeping | <input type="checkbox"/> | Squad Rep | <input type="checkbox"/> | Social Events | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | | | | |

Swimmers Medical Details

GP's Name:

GP's Phone:

Any medical/physical condition that coaches need to be aware of (eg sight impairment, deafness, epilepsy, asthma, dyslexia, etc). Is the swimmer taking any medication (provide details)

Condition:

Medication:

Consent for Filming and Photographs

Coaches may use Videos and/or Cameras during training sessions to analyse techniques and performance. Video evidence of this nature is for internal club use only and shall not be shown to any external agency without the express consent of both the swimmer and their guardian(s).

We may take photographs for appropriate media coverage including newspapers, websites or sponsor letters. A swimmer’s modesty is protected at all times.

I consent to the use of photographs or video for

- For the purpose of improving technique and performance
- For sending to Sponsorship Parties
- For use on Carnegie Swimming Club website or CSC promotional material
- For use on Carnegie Swimming Club Facebook or Twitter pages

Parent / Guardian Signature:	
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Declaration

All information on this form will be held on a database and will remain the property of Carnegie Swimming Club. It will not be used for any external purposes. Swimmer medical/physical condition and information will be confidential and known only to the Membership Secretary, the swimmer’s coaches and sent to SASA where required. This last is to ensure safety, correct advice and clearance regarding Drugs in Sport. It is the responsibility of Parents / Guardians to inform the club of any changes to the information given.

I / We agree to:

<input type="checkbox"/>	Abide by the Codes of Conduct of the Club
<input type="checkbox"/>	Give one months written notice of termination
<input type="checkbox"/>	Pay monthly fees by standing order (I have sent the Standing Order form to my bank)

Signed:
(Swimmer)

Signed:
(Parent/
Guardian)

Date:

Parent/guardian signature required if swimmer is not an adult member (Under 18).