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 club member is under 18 years of age, then please provide contact details for the parent/carer rather than the member.

1. **PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DATE OF BIRTH:** |  |
| **Address:** |  |
| **Post Code:** |  |  |
| **Gender:** | *Please delete as appropriate:* Male / Female / Prefer Not to Say / Prefer to Self-describe: |
| **Telephone:** |  |
| **E-Mail Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Please ensure all characters in email are legible. Please make sure underscore (\_) is different from a dash (-) or a full stop (.) |
| **Medical Information:** | *Please include any primary and secondary disabilities. All disclosures will be kept confidential).* |
| **Allergies:** |  |
| **Medication:** |  |
| **Emergency Contact 1:** |  | **Emergency Contact 2:** |  |
| *One of these must be a mobile number and not a landline* |
| **Ethnicity:** | *i.e. White British / Mixed White & Asian / Black Caribbean* etc. |
| **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!)* |

1. **CLUB MEMBERSHIP** (****Tick as appropriate)

|  |  |  |
| --- | --- | --- |
| **Senior – aged 16+ in membership year** | **£12.00** |  |
| **Junior – aged under 16 in membership year** | **£12.00** |  |

1. **SWIM ENGLAND REGISTRATION** Includes Staffs ASA and Swim England West Midlands

Required of all club members ****tick **one** category only.

*Please seek guidance from a club official*

|  |  |  |
| --- | --- | --- |
| **Club Train – Non-competitive swimmers** | **£18.50** |  |
| **Club Compete – Competitive swimmers** | **£39.00** |  |
| **Club Support – Non-swimmers** | **£9.00** |  |
| **Multi-Club Members** | **£0.00** |  |
| Multi-Club Members – Swimmers who are already members of another club, or who are moving to Walsall Swimming & Water Polo Club from another club. Please state the name of the club through which your 2023 registration has been paid – and your registration number | **Club** |
| **Reg. No.** |

|  |  |
| --- | --- |
| **Total Payment:** (Club Membership + Swim England Registration) |  |
| Payment by Bank Transfer to: Walsall Swimming and Water Polo Club, Account No. 03576441, Sort Code 09-01-29 |

1. **Club rules and data collection policy are available online** [www.walsallswimmingclub.com](http://www.walsallswimmingclub.com/)

The club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the ASA (Swim England) Photography Policy. The club requires parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to do so.

|  |  |
| --- | --- |
| Photos to be used on club (secure) website | 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 Walsall Swimming & Water Polo 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 ON BLOCK CAPITALS) ………………………………………………………………. hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.

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

**Club Membership Secretary: Jayne Griffiths**

**Email: jaynegriffiths123@gmail.com**

**All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need-to-know basis. If at any time any of the above details change, please contact the membership secretary.**