



Washington Aquatics SC

MEMBERSHIP FORM

Welcome to the club. Please complete the details below and submit to the Membership Secretary. (If the member is under 18 years of age then contact details should be for the parent/carer not the member)

Name	
Date of Birth	
Squad currently applied for (swimmers are likely to move squads within the year as decided by the coaches)	
ASA membership type	Category 1 (non competitive and all under 9s)
(please circle)	Category 2 (competitive)
	Category 3 (parent or volunteer)
Gender	
Telephone	
Email Address	
Address	
Medical Conditions	
Detail any regular medication taken	
Allergies	
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	

Country of international representation			
Additional Information			
Is this the only club that the swimmer is a member of?	Yes/No	Name of other Club	
Parent member name (for swimmers under 18)			
Parent member date of birth			
If address details are different for parent member then please fill in a separate form for the parent			

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.

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.....

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.