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| **SANDWELL AQUATICS CLUB**  **DUAL MEMBERSHIP FORM 2022** | | |
| Name |  | |
| Swim England No: |  | |
| Date of Birth |  | |
| Gender (Please delete as appropriate) | Male / Female / Prefer Not to Say / Prefer to Self-describe: | |
| Telephone |  | |
| Mobile |  | |
| Email Address |  | |
| Address |  | |
| Medical Information (please include any primary and secondary disabilities) | |  |
| Allergies | |  |
| Medication | |  |
| Emergency Contact 1 | |  |
| Emergency Contact 2 (One of these must be a mobile number and not a landline) | |  |
| Name of Fee Paying Club | |  |
| Additional Information  (Please include any information that you believe is relevant to help us provide you with a positive experience.) | |  |

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 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 a parent or carer 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.

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| 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 |

All relevant information & codes of conduct can be found on the Club website & I understand my responsibility in reading them. Having been advised of the time and place I understand that I am responsible for my child getting to and from sessions and galas safely. In the event of an emergency I consent to my child being given any medical, surgical, or dental treatment including general anaesthetic and blood transfusions considered necessary by the medical authorities present.

I agree to abide by the Sandwell Aquatics Club constitution and swimmers and parents code of conduct and inform the Club of any changes to my details.

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: Ray Evans**

**Email: r.evans188@btinternet.com**

**Mobile: 07532 240642**

**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.**

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