



# Membership Application Form

Name: ..... School/College (if applicable): .....  
 Address: .....  
 Post Town/City:.....  
 Post Code: ..... Date of Birth:...../...../..... Gender: Male  Female   
 Home Phone No:..... Members Mobile No (if any):.....  
 E-mail address 1: .....  
 E-mail address 2: .....( Optional )

May we use these e-mails as your primary correspondence address? ..... Yes  No

Any disability/ special needs/ medical conditions that we should be aware of? : ..... Yes  No

Ethnic origin (self-description): .....

Are you currently taking any medication or receiving any medical treatment? Yes  No

(If yes please complete supplementary ASA Medication Declaration Form)

Are you A.S.A. registered? Yes  Not Yet  If yes, what is your ASA registration number? .....

### Contact Names and Telephone numbers in case of emergency

Contact 1 : Name.....Relationship:.....  
 Mobile Phone:..... Work or Home Phone:.....  
 Contact 2 : Name.....Relationship:.....  
 Mobile Phone:..... Work or Home Phone:.....

**Declaration:** I acknowledge receipt of the rules of Shiverers Swimming 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.

Signed: .....(If under 18 must also be signed by aParent/Guardian) Date:...../...../.....

Signed: .....(Parent/Guardian) Date: ...../...../.....

The code of conduct, rules and constitution of the Club will also be posted on the Club website (<http://shiverers.co.uk>) and be available on application to the Club Secretary. It is a condition of membership that medical conditions are disclosed. Every applicant is assured of the confidentiality of this information. Club membership records are held on computer and all such information is covered by the Data Protection Act. The club does not disclose personal information to organisations other than the ASA / South East Region ASA.

**Use of photographs:** If you object to the use of photographs as described below, please tick here

The Club recognises there are significant motivational benefits achieved by recognition of swimming achievements. As a result, the club will from time to time publish individual member and/or team photographs on the club website and newsletter. These may also be circulated in relation to a related press release. In all such instances the publication of such photos will follow the Amateur Swimming Association's guidelines. Photos will be of the swimmers either fully clothed wearing Shiverers uniform, or portraits depicting head & shoulders only, or action shots of swimmers in the water.

**Professional Expertise Register:** Can we contact you? Yes  No

From time to time the club requires guidance/assistance with a range of matters associated with running an amateur sports club. These may be legal, financial, promotional, or any sports related issues. If you are able to volunteer any expertise or guidance to the club on an ad hoc basis please let us know. **Area of expertise:** .....

\*\*\*\* PLEASE ATTACH YOUR CHEQUE IN PAYMENT OF THE MEMBERSHIP FEE AND ALSO COMPLETE THE ASA FORMS \*\*\*\*

### For Shiverers Swimming Club use only.

New Membership No. : ..... Date Joined:...../...../..... Swim Level:.....  
 Membership Category: ..... ASA Category:..... Primary Club if not Shiverers: .....