

COLNE AMATEUR SWIMMING CLUB MEMBERSHIP APPLICATION FORM

Membership Due on 31st. December of Each Year.

First Name(s):	Surname:
Address:	Date of Birth (dd/mm/yy): / /
Postcode:	Gender: Male Female (please circle)
Email address:	
Primary Emergency Contact. (Mandatory)	Relationship to Member
Name:	
Tel No: Home:	Mobile
Do you/Does your child suffer from any medical, physical, emotional or behavioural conditions we should be aware of? YES / NO	If YES, please specify
Are you/is your child currently undergoing any form of medical treatment or medication? YES / NO	
Are you/is your child allergic to any food or medication? YES / NO	
Are you/your child considered to have a disability YES / NO	
Do you/Does your child attend another swimming club YES/NO	If YES, please specify A.S.A. Member ID No.
I agree for the child named above to attend any trip run by Colne Amateur Swimming Club. A member of staff will be in charge of the trip and will be responsible for the health, safety and discipline of all participants.	
Occasionally both team and individual photographs will need to be taken. I agree/do not agree for my child's photograph to be taken.	
MEMBERSHIP APPLIED FOR:	
Full Swimming Member	Adult £65
Full Swimming Member	Children First Child & Students £60 (under 18) Second Child £50 Additional Children £40
Associate Member	(not A.S.A. Registered Club) £45
Adult Associate Non Swimming Member	£20
Committee Members	£10
<u>ALL CHEQUES MADE PAYABLE TO COLNE A.S.C.</u>	
Declaration	
All information provided to Colne Amateur Swimming Club remains confidential and will not be divulged unless in the unlikely event of a medical emergency. I understand that by completing and submitting this form I am giving consent for my child to participate in the relevant activity. Furthermore, I understand that should medical treatment be necessary, every reasonable effort will be made to obtain consent from the emergency contacts named above. However, in an emergency I authorise Colne Amateur Swimming Club Staff to consent on my behalf to any medical treatment, which a qualified Doctor feels necessary, this could include inoculations, blood transfusions, surgery or the use of anaesthetics.	
Name:	Member Parent Guardian Carer
Signed:	(please circle) date:
I acknowledge Rules of Colne Amateur Swimming Club as enclosed in this pack and also displayed on Club Notice Board 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 responsibilities of membership upon members as set out in these rules.	
N.B. Must be signed by the parent/guardian/carer of any swimmer under the age of 18 years.	

Please note that if you are taking any medication then you should complete an ASA Medical Declaration Form. These are available from the Secretary.