



Ilminster Swimming Club - Membership / Health Form

Welcome to the Ilminster Swimming Club,.. If the member is under 18 then the contact details should be those of the Parent/Guardian.

Please return to the Membership Secretary or email: membership.isc2011@gmail.com

We kindly ask for the form to be completed on an annual basis to ensure all details are up to date

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|--------------------|---|-----------------------|--|
| Swimmer Name: | | Swimmer Date of Birth | |
| Tel: | | Email address | |
| Gender | Male/Female/Prefer Not to Say/ Prefer Self Describe:..... | Ethnicity: | |
| Address & Postcode | | | |

| Emergency Contacts | Name | Tel Number. (Preferably a Mobile Number) | Relationship to Member |
|--------------------|------|--|------------------------|
| 1 | | | |
| 2 | | | |

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|---|---------------------------|
| Medical Condition/Health/Allergies Notification | GP's name/Surgery/Tel No: |
| <p>Please give details of all disabilities, medical conditions (including visual and hearing impairments), allergies, regular medications taken (including any inhalers) etc, (<u>inhalers should always be taken poolside</u>) (continue overleaf if req'd) and /or any additional information you feel is relevant to a positive experience.</p> | |

ISC may wish to take photographs of individual and groups of **swimmers under the age of 18**, that may include your child during their membership of the club. All photographs will be taken and published in line with the ASA Photography Policy. The club requires parental consent to take and use all 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.

| | |
|--|----------|
| Photos to be used on club secure website | Yes / No |
| Photos to be included in newspaper articles / public website | Yes / No |
| Photos taken by professional photographer at events | Yes / No |
| Filming/videoing footage for training and /or publicity purposes | Yes / No |

I confirm that I have read and agree to the code of conduct and the club policies and acknowledge, acceptance that such rules (as amended from time to time) shall govern my membership of the club. Acknowledge and accept responsibilities of membership upon members as set out in these rules.

1) Signature(**Parent/Guardian to sign 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.

2) Signature of Member:.....Date:..... (**Parent/Guardian to sign if under 18**)

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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|--|---------|------------------|--------------------------------|
| Is this the only Club that swimmer is A member | Yes/ No | Other Club Name: | ISC Session Category/Day/Time: |
|--|---------|------------------|--------------------------------|