

## SWIMMING - MEMBERSHIP FORM

Welcome to the club. Please complete the details below and submit to the membership secretary. Note if the member is under 18 then contact details should be of the parent/carer not the member.

Name			
Date of Birth			
Gender		Email Address	
Telephone			
Address			
Medical Conditions			
Allergies			
Detail any regular medication taken			
Emergency Contact 1			
Emergency Contact 2 (one of these are required to be a mobile and not a landline)			
Additional Information			
Is the only club the swimmer is a member of?	Yes/No	Name of other Club	

The club 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	Yes/No
Photos taken by professional photographer at events	Yes/No
Filming for training purposes	Yes/No

Existing ASA registration Yes/No (*delete as applicable*) Registration No:

It is important to disclose membership of all other clubs as the Committee may have to decide who has the first claim on your services. Swimmers who are not First Claim to Leander are not eligible for the Club Championships or for selection in certain Galas.

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.

I confirm that I have read and agree to 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.....

Please complete and return to  
 Leander SC, Membership Secretary,  
 52 Cricklade, Avenue,  
 London, SW2 3HG.