



## ACADEMY SWIM TEAM BURNHAM-ON-SEA

### MEMBERSHIP FORM

Welcome to the club. Please complete the details on all pages and submit to the Membership Secretary. (If the member is under 18 years of age, then contact details should be for the parent/carer not the member)

Name of swimmer			
Date of Birth		Age	
Gender	<i>For Swim England and FIFA Competition explanation see below *</i>		
Telephone			
Email Address			
Address			
Group you are joining			
Monthly fees for that group			
Joining fee	£10		
ASA Registration fee Tick the level of registration needed	Swim Train £13.65 Renewable every year	Swim Compete £35.00 Renewable every year	
Ethnicity i.e., White British / Mixed White & Asian / Black Caribbean			
Country of international representation			
Is this the only swimming club that the swimmer is a member of?	Yes/No	Name of other Club/s	
If the answer to the above is YES who will be your first claim club?			

#### \*LICENSED COMPETITION

As competition with the potential to provide times for RANKINGS, 'fairness of competition' must be prioritised. licensed competition within the discipline of swimming will therefore be required to provide Female and Open categories. These are defined as follows:

**Female** – Athletes with a birth sex of female. Any COMPETITOR intending to compete within the female category will be required to provide confirmation that their birth sex is female.

**Open** – Athletes with a birth sex of male, TRANS or NON-BINARY COMPETITORS and any COMPETITOR not eligible for the female category.



# ACADEMY SWIM TEAM BURNHAM-ON-SEA

## EMERGENCY CONTACT/MEDICAL FORM

FOR SWIMMERS & PARENTS

To be completed annually for every swimmer and returned to membership secretary  
(Any subsequent changes should be advised in writing to the membership secretary)

Swimmer name.....Date of Birth.....

Emergency Contact Name (1) .....

Home Telephone: .....Mobile .....

Address: .....

Relationship to swimmer .....

Emergency Contact Name (2) .....

Home Telephone: .....Mobile .....

Address: .....

Relationship to swimmer .....

Doctor .....Doctor's telephone no .....

Doctor's address .....

Does your child have any specific medical conditions requiring medical treatment and / or medication?

Yes  No

If yes give details .....

.....

Does your child have any allergies?

Yes  No

If yes give details .....

.....

Does your child take any medication for asthma?

Yes  No

If yes give details .....

The following are details of any other conditions or treatments relating to my child which I feel you should know. Please add another sheet if required.

.....

.....



## ACADEMY SWIM TEAM BURNHAM-ON-SEA

# CONSENT FORM

### **Emergency Medical Treatment**

It may be essential at some time for the club coach or team manager accompanying your son / daughter to have the necessary authority to obtain any urgent treatment, which may be required whilst training or competing. Would you therefore complete the details below and sign to give your consent for emergency action to be taken if required.

I, ..... being parent / guardian of ..... (insert swimmer name) hereby give permission for the coach or team manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son / daughter's interest, in the doctor's medical opinion for any delay to be incurred by seeking my personal consent. Date: .....

### **Consent – Unaccompanied Child at Swimming Club Events**

I ..... (parent / guardian) hereby give permission for my child ..... to participate in swimming club events held both in Burnham-on-Sea and at other swimming venues that he / she has been invited to.

I understand that all reasonable care will be taken of my child during these events and that he / she will be under an obligation while in your care to obey all directions and instructions given to him / her and also observe the swimming rules and regulations and the Club's code of conduct. Date:.....

### **Consent – Club Use of Photography and Video**

From time to time, the club may wish to use photographic images of swimmers in relation to official club press releases, marketing materials and promotional events. It may also be beneficial from time to time to utilise video recordings as a coaching aid to support swimmer development.

All reasonable care will be taken to ensure the safe custody, timely and secure destruction of photographic materials. Would you therefore complete the details below and sign to give your consent.

I, ..... being parent / guardian of ..... (insert swimmer name) hereby give permission for the coach, team manager or other authorised club officials to take and use photographic or video images of my child in relation to official club press releases, marketing materials and promotional events and for use as a training aid.

### **Consent (below) only required if the child is under 18 yrs and walks / cycles home alone from swimming training or other club event.**

I ..... (parent / guardian) hereby give permission for my child ..... to walk or cycle home alone following a swimming club event/training session, held at Burnham-on-Sea Swim & Sports Academy. I understand that it is my responsibility to make arrangements to ensure the safety of my child when walking or cycling home alone.

Signature ..... (Consent by parent / guardian)

Print full Name .....Date .....



## ACADEMY SWIM TEAM BURNHAM-ON-SEA

# CODES OF CONDUCT

I have read and understood the **Swimmers Code of Conduct** available on the **club website** at [Academy Swim Team Burnham on Sea - Club Documents \(astbos.co.uk\)](http://astbos.co.uk)

I agree to adhere to the rules & regulations of the Academy Swim Team Burnham-on-Sea.

Swimmers Signature: \_\_\_\_\_

### **IF SWIMMER UNDER THE AGE OF 18. CARER/PARENT TO COMPLETE BELOW:**

I have read, understood, and explained the **Swimmers Code of Conduct** to my swimmer/s

I have read and understood the **Parents Code of Conduct**.

available on the **club website** at [Academy Swim Team Burnham on Sea - Club Documents \(astbos.co.uk\)](http://astbos.co.uk)

I agree to adhere to the rules & regulations of the Academy Swim Team Burnham-on-Sea as in the Constitution available at the links above.

Parent/Carer Signature: \_\_\_\_\_

***All data collected on this membership form will be kept securely and confidentially by club personnel and medical/disability information will be provided to teachers/coaches on a need-to-know basis.***

Reason for collecting your data:

- 1) for maintaining records
- 2) to enter any events in which you participate or may wish to participate in.
- 3) to respond to any enquiries, you make
- 4) to create an individual profile for you so that we can understand and respect your preferences
- 5) to create anonymised aggregated information about members and swimmers to enable us to secure funding

**If at any time any of the above details change, please contact the membership secretary.**