Derwentside ASC Membership Form 2017

Category of Membership	Number	Price	Category of Membership	Number	Price	Medical Status			
Group 3		£45.00	Non-Swimming Members		£15.00	Condition	Allergies	Asthma	Disability
Group 2		£42.50	Family Membership		£90.00				
Group 1		£40.00	Club Family Membership		£60.00				
Dolphins 3		£35.00	Club night		£25.00				
Dolphins 3 (under 9 yrs)		£20.00							
Dolphins 2 & Dolphins 1		£20.00	**TOTALS**						

Surname	Forename(s)	DoB	Nationality	Enrolled				

If you TICK any of the boxes under Medical Status could you please provide further details below in the interests of safety.

Address:

Postcode: e-mail:

Primary Contact incase of Emergency Phone:

Name:

Mob:

Secondary Contact incase of Emergency Phone:

Name:

Mob:

1) I understand and agree to abide by the Leisureworks code of conduct for those training sessions which take place as part of the Leisureworks Swim Scheme.

Member Signature: Parent / Guardian (if member under 18): Date

2) I understand and agree to abide by the Derwentside ASC code of conduct for those events organised by the club which exist outside of Leisureworks e.g. Competition.

Member Signature: Parent / Guardian (if member under 18): Date

3) I understand and accept the rules of membership to Derwentside ASC and confirm that such rules (as amended from time to time) shall govern my membership.

Member Signature: Parent / Guardian (if member under 18): Date

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.

It may be essential at some time for the coach / team manager / chaperone accompanying your child to have the authority to obtain urgent treatment which may be required whilst at Club representative competition or training. Therefore would you **sign below to give your consent** to the afore-mentioned representatives to permit immediate medical or surgical treatment recommended by competent medical professionals.

Member Signature: Parent / Guardian (if member under 18): Date

Tick Box: Cash ☐ Cheque ☐ Online Payment ☐ or Standing/Order ☐