# Derwentside ASC Membership Form 2018

| 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) | | £25.00 | | | | | | | |
| Dolphins 2 & Dolphins 1 | | £25.00 | **TOTALS** | | | | | | |

| Surname | Forename(s) | DoB | Nationality | Enrolled | Condition | Allergies | Asthma | Disability |
|---|---|---|---|---|---|---|---|---|
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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 ☐**