

Derwentside ASC Membership Form 2019

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					

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

Address:	Phone:
	Mobile:
Postcode:	e-mail:
Primary Contact incase of Emergency Name:	Phone: Mob:
Secondary Contact incase of Emergency Name:	Phone: Mob:

1) I understand and agree to abide by the Durham County Council code of conduct for those training sessions which take place as part of the Durham County Council 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 Durham County Council 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