

# HARROGATE DISTRICT SWIMMING CLUB



## APPLICATION FOR MEMBERSHIP 2012

### Applicants Details

Family Name.....

First Name(s)..... Known as .....

Date of Birth..... Ethnicity (see codes below).....

Address.....

.....Postcode.....

**Squad**  
Please tick

Foundation		Regional		Club	
		Regional Development		Masters	
County		Performance		Hotshots	

Are you a member of another ASA Swimming Club? If so please indicate

Name of Club: .....ASA Registration Number.....

School attended.....

Do you have a sibling swimming at the Club – if so please state name.....

### Parents/Guardians/Carers Details:

Mother ..... Father .....

Family Name..... Family Name.....

First Name(s)..... First Name(s).....

Address (if different from above)..... Address (if different from above).....

.....

Postcode..... Postcode.....

Contact Details: ..... Contact Details: .....

Home Telephone No..... Home Telephone No.....

Mobile Number..... Mobile Number.....

Email: ..... Email:.....

**If swimmer is under 18 years this email address must not be that of the swimmer.**

I apply/I apply on behalf of the swimmer above (please delete as required) for Membership of Harrogate District Swimming Club. I confirm my understanding that I will comply with such rules (as amended from time to time) as shall govern my membership of the club.

Signed.....Swimmer/Parent/Carer (please delete as required)

ASA Qualified: Referee/Starter/Judge/Timekeeper ASA Qualified: Referee/Starter/Judge/Timekeeper

**Ethnic Codes:** A: White - British B: White - Irish C: White - Other D: Asian - Indian E: Asian – Pakistani  
F: Asian - Bangladeshi G: Asian – Other H: Chinese I: Mixed – White & Black Caribbean  
J: Mixed – White & Asian K: Mixed – Other L: Black – Caribbean M: Black – African N: Black – Other  
O: Other Ethnic Group

**Medical Information**

Swimmer Name..... Date of Birth.....

To be completed by Members 18 years or over, or by parents/carers of swimmers under 18 years.  
Please delete Yes or No as appropriate and complete further details as necessary

Do you or does your child have any specific medical conditions requiring medical treatment and/or medications?  Yes/No	If Yes give details
Do you or does your child have any allergies?  Yes/No	If Yes give details
Do you or does your child take any regular medication?  Yes/No	If Yes give details
Any other relevant information	

**Additional Emergency Contact Information**

This information should be completed together with the ASA membership forms. In case of any emergency, please complete below an alternative name, address and telephone contact details (not those already completed overleaf) i.e. another family member or a friend, who can be contacted should parents/carers not be available

Contact Name(s), Address & Telephone Number(s). Please include any mobile numbers which may be used in an emergency	Relationship to Member

**For Parents/Carers of swimmers under 18 years.**

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 at a competition with Harrogate District Swimming Club. Would you therefore please complete the details on this form and sign below to give your consent.

I..... Being the parent/carer of the above named child 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/daughters interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Consent by Parent/Carer.....

Print Full Name.....Date.....

**Data Protection**

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming.