

Thame Swimming Club – Application for Membership

Assessment Date: _____

Swimmer's Surname: _____ Date of Birth: _____

First Names: _____ Male / Female: _____

Address: _____ Email: _____

_____ Tel: _____

Post Code: _____ Mob: _____

Emergency Contact Details

Name: _____ Tel: _____ Mobile: _____

Previous Lessons/Club: _____

(Club Use Only)	Time	Comments
25m timed swim F/C	_____	_____
25m timed swim Back	_____	_____
25m timed swim Breast	_____	_____
25m timed swim Fly	_____	_____
50m timed swim F/C	_____	Coach/Teacher Name: _____

THIS SECTION MUST BE COMPLETED BY THE PARENT / GUARDIAN

(a) Does your child suffer from any disability or medical condition, e.g. epilepsy, asthma, etc? **YES / NO**

(a1) If yes, please specify: _____

(a2) Please state current medication: _____

(b) Do you wish your child to be considered for competitive swimming? **YES / NO**

Important - tick to confirm you have read and agree to abide by the club constitution & rules
 The club constitution is available at: <http://www.thameswimmingclub.co.uk/Constitution%20240209.pdf>

Parent / Guardian Full Name: _____

Signature: _____ Date: _____

(Club Use Only)	Accepted into Club – Yes / No	Start Date: ___ / ___ / ___	Group: _____
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DATA PROTECTION ACT

The information provided relating to your membership will be held on a computer database for Club use only. The Club may send this information to the Amateur Swimming Association and other swimming clubs (e.g. for entry into galas), but will not otherwise pass this information on to any third parties without the prior consent of the Club members.

The Club may from time to time use photographs of swimmers for publicity purposes. If you do not wish your child to appear in such photographs please write to the Club Secretary.