



## Membership Application Form (Masters, 25+)

(Click text input area to enter text if emailing form, or print off to hand in)

First Name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname		Doctor's Name	
Address		Surgery Address	
Date of birth		Surgery Tel No.	
Email		Medical Conditions/ Additional Needs & Medication	
Alternative Email			
Tel. Mobile			
Tel. Home			
	<b>Emergency Contact Parent/Guardian</b>		<b>Emergency Contact 2 Other Nominated Contact</b>
Name		Name	
Address		Address	
Relationship		Relationship	
Contact No.		Contact No.	

### **Data Protection Consent** (Amateur Swimming Federation of Great Britain Ltd Data Protection)

I consent to the use of my/my children's personal information for the purposes and on the terms set out below. The Data Protection Act 1998 ("the Act") sets out certain requirements for the protection of your personal information (i.e. information about you) against unauthorised use or disclosure. The Act also gives you certain rights.

References below to Amateur Swimming Federation of Great Britain Ltd (ASFGB) include a reference to the three members of ASFGB Ltd, the Amateur Swimming Association (ASA), Scottish Swimming Association (SASA) and Welsh Swimming Association (WASA). By virtue of your membership direct or indirect to ASA, SASA and WASA you agree to your personal data being made available to ASFGB Ltd and its members, subject always to compliance with the Data Protection legislation. Except to the extent your club or ASFGB Ltd is required or permitted by law, the information which you provide in this form, and any other information obtained or provided during the course of your membership (the Information) will be used solely for the purposes of processing your application and dealing with you as a member.

If you cease to be a member of the ASFGB, the Information will not be held for longer than is necessary, after which time it will be destroyed. So that we may use the Information for the above purposes and on the above terms, we are required under the Act to obtain your consent. Members are therefore requested to sign this consent clause to confirm to Telford Aqua SC that you agree to them providing the data provided for electronic submission to the ASA, SASA or WASA.

Signed

Date

### **Swimming Qualifications**

If you have any swimming qualifications please list them below. (Distance Awards)

Is the applicant currently a member of another swimming club ? Yes/No

If yes, which club:

I understand and agree that I will adhere to the rules of Telford Aqua SC and that should I fail to attend for six consecutive weeks without giving a reason acceptable to the Head Coach, my place in the group may be offered to another swimmer.

I acknowledge receipt of the rules of Telford Aqua SC and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club.

I further acknowledge and accept the responsibilities of membership upon members as set out in these rules. I also acknowledge that I have read the Data Protection consent and give my permission for the data on this form (only the data permitted by the Act) to be made available to ASFGB Ltd and it's members.

Please note that both children and adults change in these facilities you are also signing that you consent to this.

**Photography:** There may be occasions when you are included in a photograph for the local press or club website. If you do not want to be included in any photographs please write to the club Membership Officer.

Signed

Date

Note: Membership will automatically lapse if renewal is not completed before the end of February each year. Please note once membership has lapsed you will be unable to swim for Telford Aqua SC until membership fee is received in full.

**The year runs from 1st January until 31st December.**

**Details of annual membership fees and monthly session feed can be found on the club website: [telfordaquasc.co.uk](http://telfordaquasc.co.uk)**

### Recruitment

If you would like to help us in whatever capacity please read the recruitment policy and indicate your interest by ticking the box below.

I have read the recruitment policy and would like to help.

Official Use Only:

Membership Fee Received ..... Membership Approved .....

ASA Registration (1 2 3) ..... Membership Number .....