



Chepstow & District Swimming Club Membership & Medical Form 2016



Surname Forenames

Date of Birth School Male/Female

Address

Post Code Email Addr

Home Phone Mobile

WASA No. List other affiliated club membership:

Conditions of Membership: CDSC is a competitive swimming club and expects all members to make themselves available to swim for the club when selected

Data Protection Act 1998. Chepstow & District Swimming Club uses a computer to manage its administration. By submitting this application form consent is thereby given as required by the Act to the holding of information on a computer. Personal data held on computer will be made available to Swim Wales and other swimming organisation but will not be made public.

Child Protection. Any person wishing to use photographic or video equipment during any gala, meet or similar activity **MUST** register at the event. **No photography is allowed during training sessions.**

Occasionally club coaches and officials, for use as a legitimate coaching aid or for publicity purposes, may take photographs and video footage of club members. Coaching material will be deleted when it is no longer required. I understand that I will have full access to any such material that is retained. **By submitting this application form consent is thereby given for the above photographs and video footage to be taken and retained.**

Club Constitution: I acknowledge receipt of the rules of Chepstow & District Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club.

By signing this forms I agree to: **Read and sign the Code of Conduct**
Swim for the club when selected for team galas
Compete in the annual Club Championships
To enter Competitive Meets as per the requirements for my squad (at least 1 for D squads and 2 or more for the Performance squads).

Signature of swimmer Date

Signature of parent/guardian Date

(or swimmer if over 18 yrs)

Name of parent/guardian

2nd Contact Name Relationship

Address

Post Code Email Addr

Home Phone Alternative Phone

Mobile Alternative Mobile

Doctor's Name Doctor's Practice
Practice Tel No. Emergency Tel No.

MEDICAL INFORMATION *(Please continue on additional sheets if necessary)*
NB: It is important that you inform us of any injuries or change in medication during the year.

Does your swimmer have asthma ? Yes / No

Detail medication taken:

Does your swimmer have any other specific medical condition requiring treatment or medication ? Yes / No

Detail treatment and/or medication taken :

Does your swimmer take any non-prescribed medication e.g. vitamins, hay fever remedies, dietary or nutritional supplements ? Yes / No

Details:

Does your swimmer have any allergies that we should be aware of ? Yes / No

Details:

Are there any other conditions we should be aware of e.g. injuries (chronic or recurrent), recent illnesses, hearing difficulties, learning difficulties, etc.) ? Yes / No

Details:

Parental Support: The club is dependent on parent volunteers at training and meets. Please indicate a role you can assist the club in: Coaching or poolside helper
Official – timekeeping/ judge/referee
Administration

Whilst at training or club representative competition it may be essential for the senior club official present to have authority to permit urgent treatment that may be required. Please complete and sign below to give your consent. Every effort will be made to contact you as soon as is reasonably possible.

I being the Parent/Guardian of the above named hereby give permission for the senior Chepstow & District Swimming Club official present to authorise on my behalf any medical or surgical treatment recommended by competent medical authorities, where, in the doctors medical opinion, it would otherwise be contrary to the individual's interest for any delay to be incurred by seeking my personal consent.

Signature of Parent/Guardian **Date**
(or swimmer if over 18 yrs)
Print Full Name

Any further information:

Please return this form via the Club post box next to the notice board in Chepstow Leisure Centre or To the Membership Secretary, Michelle Hall or Sarah Thorne or To the Treasurer, Kim Lenthall at poolside.