Logo

Description automatically generated**SCARBOROUGH SWIMMING CLUB MEMBERSHIP FORM**

**Club Train and Club Compete Form Only**

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| --- | --- | --- | --- |
| Account Name | |  | |
| Address  City/Town  County | |  | |
| Postcode | |  | |
| Members Name | |  | |
| Email Address | |  | |
| Telephone | |  | |
| Date of Birth | |  | |
| Gender | |  | |
| Swim England Membership Number | |  | |
| Medical Conditions & Allergies | |  | |
| Detail any regular medication taken | |  | |
| Legal Parent/Guardian Emergency Contact Name | |  | |
| Emergency Contact 1 Number (Mobile) | |  | |
| Secondary Emergency Contact Name | |  | |
| Emergency Contact 2 Number | |  | |
| Ethnicity | |  | |
| Country of International Representation | |  | |
| Additional Information | |  | |
| Who was your previous Club if any | |  | |
| Is this the only club the swimmer is a member of? | Yes/No | Name of Club |  |

Welcome to the club. Please complete the details below and submit to the Membership Secretary. Note - If the member is under 18 years of age, then contact details should be for the parent/carer not the member.

|  |  |
| --- | --- |
| Photos to be used by the club | Yes/No |

The club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the ASA (Swim England) Photography Policy. The club requires parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to do so.

I confirm that I have read and agree to abide by the code of conduct and the club policies. (Available on the Website & Swim Manager Portal) I acknowledge receipt of the rules of Scarborough 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 and will register and check members details on Swim Manager within 14 days of my Membership Application, and action any documentation on Swim Manager Portal.

Memberships are to be paid in full by the 31st December 2024. Those proposing to be on the Committee must have paid their membership 14 days before the Annual General Meeting.

Swim England Memberships Fees need to be paid by the end of January 2025.

New monthly training fees start on October 1st 2024. To be paid 1st, 15th or 28th of each month. Payments for 11 months of the year not including August.

**Membership Secretary (official use only)**

**Type for Membership 1st October 24 to 31st 30th September 25**

Swimming Membership £82

Swimming Membership who is a Poolside Helper (14+) Committee Approval £52

Thursday Night Only Swimmers Club Membership £52

University Students £26

**Squad Details and Payment Plans**

Academy 2x1hrs (Sunday and Thursday) £24

Thursday Night Club Swimmers Only £24

Junior Development One (up to 4.5hrs) (Sunday, Tuesday & Thursday) £42

Junior Development Two (up to 9.5hrs)

(Sunday, Monday, Tuesday, Thursday, Friday (by invite only) £55

Top Squad (Sunday, Monday, Tuesday, Wednesday, Thursday, Friday) £67

Masters Up to 4hrs (Sunday and Thursday) £30

University/Students and Second Swimmer Members Pay as You Per hr £4.00

Non Booked Training Days (August) Per Hour £4.00

Land training Monday junior session 6.30-7.15pm / senior session 7.15-8pm. £10 per month by invoice or £2.50 PAYG. Please arrange with membership if you would like to opt for the invoice per month option.

Swim England Fees 2024 (Payable in January) **Subject to Change**

Club Train (Cat 1) £16.95  Please note 2025 Swim England Fees are due to

Club Compete (Cat 2) £39.30  change and will be communicated once confirmed

***Outstanding Fees of over 31 days will be treated as a late payment and be subject to an admin fee of £5 per week until paid.***

Signature ...............................................……. (Parent/Guardian if under 18) Date.................................

**I (PLEASE PRINT ON BLOCK CAPITALS) ......................................................................... hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.**

Signature ........................................…………. (Parent/Guardian if 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.**

**Committee Approval**

Membership Secretary ………………………………………..

Approved Committee Member ………………………………………..

Absents and Holidays Welcome Email  Swim Manager

Swim England Payment Bank Details  Invoicing in Swim Manager