Logo

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

**Club Support Form Only**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Name (Surname) | | |  | | | | | |
| Address  City/Town  County | | |  | | | | | |
| Postcode | | |  | | | | | |
| Members Name | | |  | | | | | |
| Email Address | | |  | | | | | |
| Telephone | | |  | | | | | |
| Date Of Birth | | |  | | | | | |
| Swim England Membership No | | |  | | | | | |
| Medical Conditions & Allergies | | |  | | | | | |
| Detail any regular medication taken | | |  | | | | | |
| Parent/Carer Name/Emergency Contact | | |  | | | | | |
| Emergency Contact 1 Number | | |  | | | | | |
| Parent/Carer Name/Emergency Contact | | |  | | | | | |
| Emergency Contact 2 Number | | |  | | | | | |
| Ethnicity | | |  | | | | | |
| Previous Club if any? | | |  | | | | | |
| Existing Club Support Membership | | | | | | | | |
| Club Support Members Role | | |  | | | | | |
| Qualified Officials | Coaches  And Teacher | Poolside Helper | Life Members | Parent/Guardian | | | Committee | Voting Member |
| Swim England DBS Expiry Date | | |  | | | | | |
| New Club Support Membership | | | | | | | | |
| Are you willing to do a Volunteering Role For the club | | | Yes/No | | What Role If Any |  | | |
| Are you a legal parent/guardian of a swimmer under 16yrs old? | | | Yes/No | | Name of Child/Children |  | | |
| What qualifications for officiating/teaching/coaching do you hold? | | |  | | | | | |
| Brief Personal Statement on reasons on becoming a member. | | | | | | | | |
| **You may be required to submit to DBS checks and provide two references are you happy to do this?**  **YES/NO** | | | | | | | | |

A picture containing text, clipart

Description automatically generatedWelcome 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. This form is accordance with Swim England and Wavepower.

|  |  |
| --- | --- |
| Photos to be used on club website and social media | 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 to be paid in full by the 31st December 2024. Those proposing to be on the to be on the Committee must have paid their 14 days before the Annual General Meeting

Swim England Memberships Fees needs to be paid 31st January 2025

**To Be Filled out With Membership Secretary**

**(official use only)**

**Membership 1st October 24 to September 25**

Club Support Membership (Voting Members Only) £16

Club Support Membership (Committee/Volunteers & DBS Check) £6

**Swim England Fee 2025 (Subjected to Change)**

Club Support (Cat 3) £12.50

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 ………………………………………..