WOODSIDE & THORNTON HEATH SWIMMING CLUB

(Affiliated to Swim England & CBSA) **Web**:www.wthsc.co.uk **Email**:secretary@wthsc.co.uk

Please Complete in BLOCK CAPITALS

MEMBERSHIP FORM

Applicant's Details		
Childs Name:		
Date of Birth:	Age:	Gender:
Are you a member of another swimming club:	Yes	No
If Yes please provide Registration Number:		
Main Contact Details		
Name:	Relationship To Child:	
Address:		
Post Code:	Mobile Parent 1:	
Home Telephone:	Mobile Parent 2:	
Email 1:		
Email 2:		
Second Emergency Contact Details		
Name:	Relationship To Child:	
Address:		
Post Code:		
Home Telephone:	Mobile:	

Applicant's Declaration

I hereby apply for membership of Woodside & Thornton Heath Swimming Club and I agree to act in accordance with the rules and Bye-Laws of the Club. I acknowledge receipt of the rules of WTHSC and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the club.

I enclose payment for the joining fee per swimmer to cover Swim England membership.
(Please select the appropriate option)

£45 Improver Class ☐

£65 Pre Squad or squad ☐

I accept that I remain responsible for the behaviour, safety and well-being of the above member. If I wish to withdraw from the club, I will give one month's notice and pay any outstanding fees due. After I have served notice it is my responsibility to cancel my standing order as the club will not be held responsible for any overpayments I have made.

Signature
Parent / Carer (Print Name):
Signature:
Date:

Health Form

Medical Conditions

Does your child have any known medical conditions ? Yes ☐ No ☐	If yes, please give details:
Does your child take any regular prescription medication ? Yes ☐ No ☐	If yes, please give details:
Does your child have any allergies? Yes ☐ No ☐	If yes, please give details:
Please provide any other relevant information.	

Medical Consent

I, being the parent/guardian of the above named child hereby give consent to the use of this information by the club for the protection and safeguarding of my child's health as well as safeguarding wider public health in response to the impact of Covid-19 on club training activities. I also give permission for the Coach, Team Manager or other Club Officer to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent. I understand that the club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

Signature
Parent / Carer (Print Name):
Signature:
Date:

Child Photo / Video Consent Form

I give Woodside & Thornton Heath Swimming Club permission to take photographs and / or video of my child. I grant Woodside & Thornton Heath Swimming Club full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the Club's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Signature
Parent / Carer (Print Name):
Signature:
Date:

Administration Purposes Only						
S/O form handed in	Yes	No	Date			
Membership Fee	Yes	No	Cash	Cheque	Card	Amount
First Month's Subscription	Yes	No	Cash	Cheque	Card	Amount
Child's Class:			Child's training night:			