

LONG EATON SWIMMING CLUB APPLICATION FORM



This form is to be completed and returned to the Membership Secretary when joining the club, please make a copy and email lesc.members@outlook.com

Surname:		Forename:	
Date of Birth:		Gender	Ethnicity
House Number: Address Line 1: Address Line 2: Town/ City: Post Code:		Male: <input type="checkbox"/> Female: <input type="checkbox"/>	White: <input type="checkbox"/> Mixed: <input type="checkbox"/> Other: <input type="checkbox"/> Asian or Asian British: <input type="checkbox"/> Black or Black British: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>
Mobile Number:		Email:	

Data Protection: Your personal details will be held on the club database for the purposes of administering club activities. Our Privacy Policy detailing how your information will be handled can be found here: <https://uk.teamunify.com/team/lesc/page/club-information/privacy-notice-for-members>

Please tick (✓) the appropriate box to indicate if this membership is for a:	Swimmer: <input type="checkbox"/>	Non-Swimmer/ Parent: <input type="checkbox"/>
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Health declaration: These details will be held on the club database. Please note we are obliged to forward those details above to Swim England for registration purposes. The information you give is kept entirely confidential on the club database and is needed to ensure the safety of yourself and others. Any points of uncertainty may be discussed further with you if necessary and / or the Club may seek confirmation from the members Doctor in determining their medical fitness for the activities to be undertaken. If you would like to speak to someone confidentially about any additional needs or support you/your child has, please tick this box and our inclusion officer will get in touch. ☐ **The club must be notified immediately of any changes, e.g., health issues, address, telephone number etc.**

Please tick (✓) the appropriate box to indicate if the proposed member suffers from any of the following: -

	Yes	No		Yes	No
Epilepsy, fits or fainting attacks	<input type="checkbox"/>	<input type="checkbox"/>	Sight impediment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Skin disorders such as psoriasis or eczema	<input type="checkbox"/>	<input type="checkbox"/>
Chest Problems such as asthma or bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Any physical condition that you consider would prevent you undertaking the normal physical activities associated with club swimming	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety / Panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	Any Medical Supervision or treatment from your Doctor or Specialist that could effect yours or others safety whilst swimming	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems such as angina, high blood pressure, heart attack	<input type="checkbox"/>	<input type="checkbox"/>	Any other illness	<input type="checkbox"/>	<input type="checkbox"/>
Back, neck or shoulder trouble	<input type="checkbox"/>	<input type="checkbox"/>	Any disability	<input type="checkbox"/>	<input type="checkbox"/>
Recent operation or fracture	<input type="checkbox"/>	<input type="checkbox"/>			
Hearing impediment	<input type="checkbox"/>	<input type="checkbox"/>			

If you have answered **YES** to any of the above questions, please provide further brief details: -

For all of the conditions above that you have ticked **YES**, would the member be capable of identifying the onset of an attack and administering medication if appropriate? If this is not the case a responsible adult must be present.

Yes	No
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<input type="checkbox"/>	<input type="checkbox"/>
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Yes	No
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<input type="checkbox"/>	<input type="checkbox"/>
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I give consent for my child to be photographed and for the photographs to be used by the club

I confirm that the details given on this form are accurate to the best of my knowledge and I declare that I will abide by the club's code of conduct which can be found here: <https://uk.teamunify.com/team/lesc/page/club-information/conduct-and-policies> I understand and accept that such rules (as amended from time to time) shall govern my membership of the Club.

Signed: _____ Print Name _____ Date: _____

Should we be unable to contact you, in case of EMERGENCY, on the telephone number detailed above, please provide the following two alternative contact details (one of these must be a mobile number and not a landline):

Contact Name: _____ **Contact Number:** _____ **Relationship to member:** _____

Contact Name: _____ **Contact Number:** _____ **Relationship to member:** _____

CLUB USE ONLY

Proposed Squad: _____ **Date of Trial:** _____ **Date Joined:** _____