West Suffolk Swimming Club

Please return to our Membership Officer - membership@westsuffolkswimming.co.uk

Swimmers Name		
Address Line 1		
Address Line 2		
Town		
County		
Postcode		
Date of Birth		Female by Birth: **YES/NO**
Email Address		
Telephone No		
1st Emergency Adult Contact and Mobile No		
2nd Emergency Adult Contact and Mobile No		

Do you consider yourself to have a disability? **YES/NO** If Yes, please provide details:

Are there any medical conditions the coaching staff should be aware of, including any regular medication taken? **YES/NO** If Yes, please provide details:

Reviewed 30/09/23 by Dan Pilbrow

West Suffolk Swimming Club

TO BE COMPLETED BY A WSSC COACH/MEMBERSHIP OFFICER

Trial Date(s)	
Trial Venue	
Date of Joining	
Squad/Base	
Standing Order No	
Notes	

Swimmers Name	

By signing this form you are giving consent for any disability and medical details to be held and passed on. West Suffolk S.C. undertake to only pass them on to those directly involved in the care of the swimmer, that is the Coaches, Team Managers, Physiotherapist and Emergency carers should the need arise. You also acknowledge West Suffolk S.C will hold personal details in accordance with the Data Protection Act, please refer to the WSSC Privacy Notice for full details.

Details of all policies, codes and guidance can be found here on the Club's website: https://uk.teamunify.com/SubTabGeneric.jsp?team=reczzwssc&_stabid_=152384

I confirm I have read, and agree to abide by the code of conducts and the club policies. Please tick ☐

I acknowledge receipt of the rules of West Suffolk Swimming Club 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. I understand if I decide to resign from the club one calendar month notice in WRITING must be given to membership@westsuffolkswimming.co.uk and a full months fees will be payable.

Child Photo/Video Consent. **Occasionally we take photographs and video of your swimmer for use in our printed and online publicity (press reports / social media). Should you wish to opt out please contact membership@westsuffolkswimming.co.uk**

Signed (Swimmer)	***Date:***
Signed (Parent/Guardian if swimmers under 18 years of age)	***Date:***

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