



CHELMSFORD CITY SWIMMING CLUB

CSC
SE
CAT ()

MEMBERSHIP 2018

The following information will be held on a computer database.

***Parent / Guardian if under 18**

City Squad	Junior Squad – Seals	Academy	Swimfit	Artistic Squad	Artistic Academy	Disability
Lifesaving	Junior Squad – Dolphins	Academy Intro	Water Polo	Masters (1 /2 /3 /4)		Volunteers

1 st Trial Date:	2 nd Trial Date:	1 st Club Member Swim Date:
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All of the following to be completed by Member*:

Please specify if a member of any other swimming club.....

Member Details:

Surname:		Forename:		Middle Initials:
Date of Birth: / /		Gender: Male / Female		
Address:				
Postcode (essential):				
Home Tel Number ⁽¹⁾ :			Mobile Number ⁽¹⁾ :	
Email ⁽¹⁾ :				

⁽¹⁾ If under 18 then please use the primary carer's details

Emergency Contact – Parent / Guardian* or Next of Kin:

(1) Name	Relationship to Member:
Mobile Number:	Email:
(2) Name	Relationship to Member:
Mobile Number:	Email:



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Parents / Guardians Photography Consent Form (U18's only)

Note: this form must be read and completed after reading the Swim England / Chelmsford City Swimming Club [Photography Policy](#).

Chelmsford City Swimming Club may wish to take photographs of individual and groups of swimmers under the age of 18 that may include your child / children during their membership of the Club. All photographs will be taken and published in line with the Swim England Photography Policy. Chelmsford City Swimming Club requires parental / guardian consent to take and use all photographs. Parents / guardians have a right to refuse agreement to their child / children being photographed.

As the parent or guardian of _____ please complete the form below in respect of your child or children.

Please note you can withdraw your consent in writing to the childprotectionfemale@chelmsfordcityswimmingclub.org.uk at any time should you wish to.

*Circle choice (It is essential your response is marked)

Take photographs to use on the Club's secure website	Consent given / Consent refused*
Take photographs to use on the Club's social networking sites	Consent given / Consent refused*
Take photographs to include with newspaper articles	Consent given / Consent refused*
Take photographs to use on Club notice boards	Consent given / Consent refused*
Filming for training purposes only	Consent given / Consent refused*
Employ a professional photographer (approved by the Club) who will take photographs in competitions / galas / meets / Club events	Consent given / Consent refused*

Swim England Registration

The following information is required in order to complete Swim England registration.

Ethnicity (optional) please circle if answering

- A White British
- B White Irish
- C White Other
- D Asian Indian
- E Asian Pakistani
- F Asian Bangladeshi
- G Asian Other
- H Chinese
- I Mixed White & Black Caribbean

- J Mixed & Asian
- K Mixed Other
- L Black Caribbean
- M Black Asian
- N Black Other
- O Other Ethnic Group

Country of Representation

- England
- Scotland
- Wales
- Other (Please Specify)



CHELMSFORD CITY SWIMMING CLUB

Swimmers Medical Declaration*

Member's name:

Following updated guidelines from the Swim England, all clubs are now asked to request up to date medical information for their swimmers, just in case you require any form of medical assistance when attending a teaching, training session or competition.

All swimmers*, must complete this Medical Declaration Form. It is an essential part of your 2018 membership form. All information given on this form will be treated with the utmost respect and will be kept confidential and will only be available to appropriate team staff such as coaches, team managers and chaperones.

Family GP	Telephone number (essential)
Do you have any specific medical conditions requiring medical treatment and/or medication?	
Do you suffer from asthma? Yes / No	Do you take medication? Yes / No
If Yes, please detail:	

U18 Only* Does your child:

Have up to date tetanus cover?	Yes / No
Have any food, drug or other allergies?	If YES please detail:
Suffer from any disabilities (physical, visual or hearing) or learning / recognised behavioural problems that could affect their behaviour whilst training, e.g. ADHD?	If YES please detail:
Have any other issues / information we need to be aware of?	If YES please detail:

It may be essential at some time for a Club Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition, training or a club organised trip. Therefore, please complete the details on this form and sign below to give your consent.

I, being parent/guardian of the above -named child hereby give permission for the Coach or Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent

In the event of any new or change to a medical condition or information above, I hereby undertake to immediately advise the relevant section secretary by email.



CHELMSFORD CITY SWIMMING CLUB

Please carefully read the following information and the links provided. Membership is dependent upon your agreement. By making membership payments you are deemed as agreeing to all the following.

I acknowledge receipt of the rules of Chelmsford City 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 (all available on our website).

- (1) As a member* of Chelmsford City Swimming Club I agree to abide by the rules of the club as written in the Club's constitution, by- laws, and codes of conduct (all available on our website).
- (2) I hereby give consent for my personal membership data together with any records of my competitive performances to be kept on computer, by personnel appointed by the club. Chelmsford City Swimming Club and Swim England (SE) will not share the data with any third party for marketing or commercial purposes.
- (3) I will allow the Club Officers to use my email for communications purposes only. This will only be shared with Swim England and Galas / Competition organisers as necessary. Full details of the Club's Privacy and Data Protection Policy and Swim England's Privacy policy can be found on the Club's [website](#).
- (4) I have read and agree to the [Members Code of Conduct](#), the [Anti-Bullying policy](#) and the [PARENTS CODE OF CONDUCT*](#) and that I will abide by the Club's codes and policies.
- (5) If I decide to leave the club then I undertake to notify the club by the 15th of the same month., eg. to leave on the 30th September notice must be received by the 15th September. If I notify the club after this date then no refund will be due for any payments made in the following months.

www.chelmsfordcityswimmingclub.org.uk

Signature: _____ Print name: _____ Date: _____

Please return the completed form to a coach / membership secretary of the relevant section or by email to:

Artistic, Swimfit, Intro Academy & Academy Masters Water Polo City Squad Junior Squad Dolphins & Seals	Clare Chandler Gordon Cartwright Fiona Gilmour Julie Kitching Nicola Wiseman	members@chelmsfordcityswimmingclub.org.uk masters@chelmsfordcityswimmingclub.org.uk waterpolo@chelmsfordcityswimmingclub.org.uk squads@chelmsfordcityswimmingclub.org.uk jnrsquads@chelmsfordcityswimmingclub.org.uk
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