



## Ilminster Swimming Club - Membership / Health Form 2016

Welcome to the club. We ask for this form to be completed on an annual basis to ensure all details are up to date. If the member is under 18 then the contact details should be those of the parent / carer. Please return to the Membership Secretary.

Name:		Date of Birth	
Tel:		Email address	
Gender	Male / Female	(Circle as required)	
Address			

Emergency Contacts	Name	Tel Nos. (Landline / Mobile)	Relationship to member
1			
2			

Gp's Name, Surgery and Tel No.	
Please give details of all disabilities, medical conditions (including visual and hearing impairments), allergies, regular medications taken (including any inhalers) etc, (inhalers should always be taken poolside) (continue overleaf if req'd)	

ISC may wish to take photographs of individual and groups of swimmers under the age of 18, that may include your child during their membership of the club. All photographs will be taken and published in line with the ASA Photography Policy. The club requires parental consent to take and use all 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.

Photos to be used on club secure website	Yes / No
Photos to be included in newspaper articles / public website	Yes / No
Photos taken by professional photographer at events	Yes / No
Filming for training purposes	Yes / No

I confirm that I have read and agree to the code of conduct and the club policies.

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.

Swim sessions		Group	
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