

MEMBERSHIP FORM

Please complete the below details and submit to the Membership Secretary. Note if the member is under 18 then contact details should be of the parent/carer not the member.

Name of Swimmer	
Known as (if different)	
Date of Birth	
Gender	
Telephone	
Email Address	
Address	
Medical Conditions	
Allergies and details of any regular medication taken	
Emergency Contact 1 (Name and Phone No.	
Emergency Contact 2 Name & Phone No.	
Are you also a member of any other swimming club	Name of other Club
Type of registration	
Are you registering West Wight as your rank or second club	Rank/Second

The club may take photographs of individual and groups of swimmers under the age of 18 which may include your child during their membership at the club. All photographs will be taken and published in line with the Swim England Filming and Photography Policy 2018.. 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 secretary at any time.

Photos to be used on club secure website	
Photos to be included in newspaper articles	
Photos taken by professional photographer at events	
Filming for training purposes	

Website Visibility

If you do not want details of your achievements to be visible on the British Swimming Website, please cross the box

Caution! If you hide your details they will not be visible on the ASA Rankings Database which may affect your ability to enter events. Event organisers may in these cases require proof of age and/or of eligibility to enter and you should contact the particular organiser to check. In addition the Club uses this facility to assist swimmers with the administration of competitions and if you do not tick this box we may not be able to provide this assistance.

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.

I confirm that I have read and agree to the code of conduct and the club policies which are available on the clubs website <http://www.westwightswimmingclub.org.uk/>

Please type your name and tick the box to apply your signature to this document

Signature

(Parent/Guardian if under 18)

Date

Data Protection Act – Privacy Policy

In compliance with the General Data Protection Regulation 25 May 2018, we will ensure that all information held by the club is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the Club. We will hold the data for 3 years after your last contact or from when you leave the club and then any information will be destroyed. The information will be disclosed only to those members of the Club / Swim England for whom it is appropriate and necessary. Swimming England has registered with Data Protection on behalf of member Clubs, counties and regions, enabling them to hold personal data of members etc. Records are kept on computer / Icloud platforms. Keeping information in this way enables us to run the club more efficiently.

By pressing the 'submit' button you are consenting to West Wight SC holding your personal data for the purposes of this application as set out above and to give us permission to contact you. You can request information is deleted before the 3 years by contacting the membership secretary.