Membership Enrolment Form

** Please mark as appropriate*

Surname:_____ ***First Name***:_____ ***Other Names***:_____ ***Title***:_____

- ***Date of Birth***:_____***Gender:*** *Male / Female** ***Ethnicity*** *:A / B / C / D / E / F / G / H / I / J / K / L / M / N / O Nationality:*_____

Ethnic Definitions*: 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 and Black Caribbean; J~Mixed-White and Asian; K~Mixed-Other; L~Black-Caribbean; M~Black-African; N~Black-Other, O~Other*

Disability:_____** Ambulant…….. Wheelchair……..Visual……..Hearing……..Learning……* ***Discipline***:_____

Address:_____***Post Code***:_____

Emergency Contact 1 Name::_____ *Contact* ***No.***: _____ *Emergency Contact 2 Name:*_____ *Contact No.::*_____

Email Addresses (We communicate cancelled sessions by sending emails & text messages. If under 18yrs age please use parent/guardian email)
If you would like a second email address to receive emails please include both below:

Membership Class ✓*

Individual ____
Recreational ____
Associate ___

Club Group ✓*

Racing Group ___
Water Polo ___
Club night ___
Masters ___

Date Joined Club:

_____

Memberships
Are you a member of any other swimming clubs?
*Yes /No**

*If the answer is yes please list*_____

ASA Registration
Are you registered with the ASA? ***Yes / No**** *Reg. No*_____

I apply to become a member of the City of Coventry Swimming Club. I understand that the annual membership fee is payable in advance, and thereafter becomes due for renewal on the 1st of January each year. I acknowledge receipt of the rules of the City of Coventry 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 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.

Signed Swimmer…… Parent…….. (if swimmer under 18 years of age) Date……

PERMISSION TO USE PHOTOGRAPHS AND/OR VIDEO FOOTAGE IN RELATION TO SWIMMING DEVELOPMENT:
Photographs may be taken during the activities/competitions. These images will be used by COCSC ONLY for promotional purposes and may be used on the Club's website (under ASA rules & Guidelines). Also, video footage may be used within Training sessions by the Coaching Staff to give feedback to swimmers. NOTE: Only individuals who have been vetted will be permitted to photograph and video people at swimming activities.

Are you happy for photo's/video's to be taken YES/NO (please delete) signature…… (Parent/Guardian to sign if under 18)

Club Administration: *Membership Fee:£*_____ *Date Paid:*_____ *Squad / Group Joined:*_____

Affiliated Club

Swim21 Accredited