

# **WOODSIDE & THORNTON HEATH SWIMMING CLUB**

(Affiliated to the ASA, CBSA + SCASA)

Web: [www.wthsc.co.uk](http://www.wthsc.co.uk)

Email: [secretary@wthsc.co.uk](mailto:secretary@wthsc.co.uk)



Please Complete in BLOCK CAPITALS

## MEMBERSHIP FORM

Applicant's Details		
Child's Name:		
Date of Birth:	Age:	Boy/Girl:
School:	Year:	
Are you a member of any other swimming club?		
Main Contact Details		
Parent's / Carers Name:		
Address:		
Post Code:	Mobile Parent 1:	
Home Telephone:	Mobile Parent 2:	
Email 1:		
Email 2:		
Second Emergency Contact Details		
Parent's / Carers Name:		
Address:		
Post Code:		
Home Telephone:	Mobile:	
Applicant's Declaration		
<p>I hereby apply for membership of Woodside &amp; Thornton Heath Swimming Club and I agree to act in accordance with the rules and Bye-Laws of the Club.</p> <p>I enclose payment of £40 being the joining fee per swimmer to cover ASA, LRASA and CBSA membership.</p> <p>I accept that I remain responsible for the behaviour, safety and well-being of the above member. If I wish to withdraw from the club, I will give one month's notice and pay any outstanding fees due. After I have served notice it is my responsibility to cancel my standing order as the club will not be held responsible for any overpayments I have made.</p>		
Signature		
Parent / Carer:		
Signature:		
Date:		

## Health Form

Medical Conditions	
Does your child have any known medical conditions ?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
Does your child take any regular prescription medication ?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
Does your child have any allergies?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give details:
Please provide any other relevant information.	

### Doctors Details

Doctors Name:	
Address:	
Post Code:	Contact Number:

## Child Photo / Video Consent Form

I give Woodside & Thornton Heath Swimming Club permission to take photographs and / or video of my child.

I grant Woodside & Thornton Heath Swimming Club full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the Club's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Signature
Parent / Carer:
Signature:
Date: