

## CONSENT

### A. To be completed by a parent/guardian if applicant is under 18.

On behalf of my child, named on page 1 of this form, I apply for membership of Wells and Shepton Mallet Swimming Club and by submitting this application I agree that he/she will abide by the rules of the club.

I acknowledge having read the constitution of Wells and Shepton Mallet Swimming Club and confirm my understanding and acceptance of such rules (as may be amended from time to time) that they shall govern my membership of the club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules. I have also read and agree to adhere to the club's code of conduct.

Copies of the rules and code of conduct are available at Wells Leisure Centre notice board and on the Club Web Site [www.wasm.co.uk](http://www.wasm.co.uk). As a club we sign up to the ASA child protection and Equity policy. These documents can be found on our website, if you require a copy of any of these documents please let us know and we will post one to you.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

by Parent Guardian

I hereby give permission for my child, named on page 1 of this form to receive emergency medical treatment if needed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

by Parent Guardian

### B. To be completed by all applicants.

I apply for membership of Wells and Shepton Mallet Swimming Club and by submitting this application I agree to abide by the rules of the club as referred to in section A above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### C. Complete if you DO NOT agree to the following

Wells and Shepton Mallet Swimming Club uses photography and video for education and reporting. Photographs will only be published according to ASA guidelines either clothed or swimming. If you do not want yourself/your child to be included please tick the following box.

- I DO NOT give permission for me/my child to be photographed.
- Wells and Shepton Mallet Swimming club uses email to keep members up to date about events and other club information. We do not supply email addresses to third parties.

Wells & Shepton Mallet ASC reserve the right to refuse membership.

**The completed application form should be returned to:  
Gill Diclaudio, Membership Secretary, 34 Burcott Road, Wells  
BA5 2EQ**

# Wells & Shepton Mallet ASC Application/Re-Application Form

PRIVATE & CONFIDENTIAL

**Swimming Year Sept 2011—July 2012**



Information:

Please complete this form in BLUE OR BLACK INK  
AND IN BLOCK CAPITALS

SURNAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

SQUAD NAME \_\_\_\_\_

DATE JOINED \_\_\_\_\_

ASA Number—If Applicable \_\_\_\_\_

## PERSONAL DETAILS

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POST CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

D.O.B. \_\_\_\_\_

EMAIL \_\_\_\_\_

The Club will use this email address to inform you of events and updates.

### Emergency contact details

#### Contact 1

Name: \_\_\_\_\_

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

#### Contact 2

Name: \_\_\_\_\_

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

## MEDICAL DETAILS

Do you have any specific medical conditions/disability requiring medical treatment and/or medication?

YES NO (please circle)

If Yes please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any Allergies?

YES NO (please circle)

If Yes please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take medication for asthma?

YES NO (please circle)

If Yes please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should you need to describe more fully, please attach a piece of paper to this form.