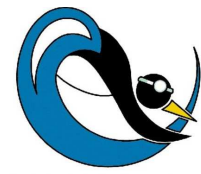


Club Membership Application Form



**WINCHESTER CITY
PENGUINS**

Affiliated to: ASA,
SE Swimming, HCASA & MPAGB

Application for: Trial / New Member / Swimming / Non-Swimming Member/Pay As You Go (*Delete as appropriate*)

Surname: Forename(s):

Date of Birth:

Address:

..... Post Code:

Home Telephone No: Mobile Telephone No:.....

Alternative Emergency Tel No

Email Address(s):

Previous/Current Swimming Club(s):

Medical Conditions: (Full CONFIDENTIAL MEDICAL QUESTIONNAIRE) to be completed for all swimmers

I confirm that has the following medical conditions:

.....
.....

Any Medical Conditions such as but not exclusive to Diabetes, Asthma, Epilepsy, Learning Difficulties, visual and/or hearing impairment and other factors that may affect your child/children's safety or welfare must be declared. You must also inform us of any specific action to be taken in the event of a medical emergency. This information will be held by the club and remain confidential and will only be passed on to Club Coaches, Teachers, Committee Members and other persons responsible for the running of the club on a need to know basis and will be treated with strict confidentiality. It should be noted that you are responsible for informing the clubs' Administrator / Membership Secretary of any changes in your child/children's circumstances/condition(s).

Data Protection Act 1998 & Photographic Policy: (or as from time to time amended) Your attention is drawn to the notice displayed on club notice boards, website and Club Handbook with reference to data protection and photography/use of video.

Your signature confirms your consent for the club to use personal data supplied under the terms of the Act. A photographic consent form is also enclosed and this should be completed and returned to the membership secretary. Full details of the ASA's photographic policy is displayed on the website.

You must make yourself aware of the Club Rules (Constitution) of **Winchester City Penguins Swimming Club**, these are available to download from the club's website. I 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.

Signed: (Parent/Guardian) Dated:

Club Use only:

Date Trial Commenced: Date Joined WCPSC M'ship No:

Membership Secretary: Head Coach:

For Coaches use only

Squad	Date	Squad	Date	Squad	Date
<i>Flippers</i>		<i>Dolphins</i>		<i>Masters</i>	
<i>Otters</i>		<i>Kings 1</i>		<i>Royals</i>	
<i>Seals</i>		<i>Kings 2</i>		<i>Pay As You Go</i>	