

# Club Membership Application Form



**WINCHESTER CITY  
PENGUINS**

**Affiliated to: ASA  
SE Swimming, HCASA & MPAGB**

Application for: Trial / New Member / Swimming / Non-Swimming Member (Delete as appropriate)

Surname: ..... Forename(s): .....

Date of Birth: .....

Address: .....

.....

..... Post Code: .....

Telephone No: .....

Telephone No: .....

Telephone No: .....

Email Address(s): .....

Previous/Current Swimming Club(s): .....

Medical Conditions: (Full medical declaration to be completed for all swimmers)

I confirm that ..... has the following medical conditions:

.....

.....

Such conditions that should be declared are Diabetes, Asthma, Epilepsy, Learning Difficulties and any other such factors that may affect your child/children's safety or welfare. 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 but may be passed to Club Coaches, Teachers, Committee Members and other persons responsible for the running of the club. 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: 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
Flippers		Dolphins		Masters	
Otters		Kings 1		Royals	
Seals		Kings 2			