



Burton Amateur Swimming Club Membership Form – Request for Information

Welcome to the club. Please complete the details below and submit to the Head Coaches, Secretary or Chair at the desk on Wednesday or Friday. (If the member is under 18 years of age then contact details should be for the parent/guardian not the member)

Name of swimmer	
Name of parent or guardian	
Swimmer Known as	
Date of Birth	
Gender	
ASA No. if known	
Level of swimming qualification if known	
Previous swimming clubs	
Is this the only club that the swimmer is a member of?	If not please name other clubs:
Galas	Would/Would not like to be considered to represent BASC in Galas (delete as applicable)
Telephone	
Email Address	
Address	
Medical Conditions	
Detail any regular medication taken	
Disabilities (can be accommodated in training)	
Allergies	

Emergency Contact 1	
Emergency Contact 2 (one of these must be a mobile number and not a landline)	
Ethnicity i.e. White British / Mixed White & Asian / Black Caribbean	
Ways to help – this is an optional request.	Willing/not willing to be contacted regarding assisting with the club e.g. fundraising, poolside help (delete as applicable)

The club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the ASA Photography Policy. The club requires parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to do so.

Photos to be used on club (secure) website	Yes/No
Photos to be included in newspaper articles	Yes/No
Photos taken by professional or club photographer at events	Yes/No
Filming for training purposes	Yes/No

I confirm that I have read, and agree to abide by BASC code of conduct.

Signature(Parent/Guardian if under 18) Date.....

I (PLEASE PRINT IN BLOCK CAPITALS)..... hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.

Signature (Parent/Guardian if under 18) Date.....

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 club secretary.