

Newport & District Swimming Club MEMBERSHIP APPLICATION FORM

Once completed, the form should be returned electronically to newportswimmingclub.membership@gmail.com

SECTION 1: APPLICATION DETAILS

This application covers the 2026 membership year from 1st Jan 2026 – 31st December 2026 please tick below membership being applied for:

Membership	Amount
Club Train (Non-competitive, Masters)	£60.00
Club Compete (Competitive Swimmers)	£80.00
Sibling Club Compete (Competitive Swimmers)	£70.00
Club Support (Volunteers Only)	£0.00

Please can payment be made by 31st January 2026

To pay electronically the account details are

Newport and District Swimming Club

Account Number: 65224663

Sort Code: 30-99-50

Reference: Renewal Swimmers Surname

SECTION 2: PERSONAL DETAILS

Please complete below the details of the member being registered Name: **Swim England** Number: Male or Female: Date of birth: Home address **Email Address Home Number Mobile Number**

Additional Information	experience. Sc	ome examples may	that you believe is relev include: gender pronou r simply a preferred nic	ıns, reasonable	•	•		
Place Note: Email	e will be co	ming from n	adaewimeluh@g	mail com	nlanca ch	ock vour		
Please Note: Emails will be coming from nadaswimclub@gmail.com , please check your junk box and release If not receiving emails please feedback by email to the above address.								
SECTION 3: EMERGENCY CONTACT DETAILS As the person completing this form, you must ensure each person whose information you include in this form knows what will happen to their information and how it may be disclosed.								
Name of an adult wh	o can be	Phone num	ber of named adul	lt Re	lationship which this			
contacted in an emer	gency			pe	erson has with you			
SECTION 4: MEDIC	AI CONTA	CT DETAILS						
Name of Doctor/Surg		CIDLIAILS						
Doctor's telephone n	umber							
-								
SECTION 5: DISABILITY & MEDICAL INFORMATION We will use this information to establish if there are any additional needs / support / adjustments that you may require, please discuss this with us. The Equality Act 2010 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. Not providing this information will not affect membership to the Club but may affect our ability to help with any additional needs.								
Does the swimmer have a Disability Classification? If Yes, Classification Code:						□ No		
Does the swimmer registering have any physical or mental health conditions that have lasted or are expected to last 12 months or more?					□ Yes	□ No		
If yes, does this disal	oility or illne	ess affect any o	of the following ar	eas (Tick al	l that Appl	y)?		
\Box Vision impairm	ent	\square Learning	impairment	☐ Stami	na/Fatigu	е		
\square Hearing impairr	nent	☐ Memory	impairment	impairment				
□ Mobility impair	ment	☐ Mental H	ealth	□ Devel	opmental i	impairment		
Dexterity impai	rment	impairment		□ Other Please Specify:				
		□ Breathin	g impairment					
Further Information:								

Regular Medication:						
Please Note: If medication might be required during a session, it should be labelled and brought onto poolside and a Coach made aware						
☐ I (PLEASE PRINT IN BLOCK CAPITALS) my permission for the coach/ team manager or authorised person accompar to give the immediate necessary medical or surgical treatment as directed b						
ignature: (Parent/Guardian if U18)						
Date:						
\Box I consent to these medical details to be shared with coaches/leaders for the purposes of the delivery of safe participation in swimming activities.						
Not providing consent will not affect membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.						
SECTION 6: PRIVACY STATEMENT						
Newport & District Swimming Club takes the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with Data Protection Legislation. Please read our Data Privacy Policy (Our website under About Us – GDPR) carefully to see how the Club will treat the personal information that you provide to us.						
CLUB PHOTOGRAPHY CONSENT						
Newport Swimming Club will take steps to ensure that these images are used solely for the purpose they are intended, which is the promotion (e.g. posters, flyers, email, social media, our website and newspapers) and celebration of swimming achievements. When using photos for promotions we will not include details (e.g. name) on these advertisements. If you do not wish to give consent for this please contact us to discuss how we can manage any potential photography.	□ Yes □ No					
VIDEO CONSENT Permission for your child to be filmed for their learning purposes only NB: footage deleted once used – will not be stored	□ Yes □ No					
COMMUNICATIONS CONSENT Consent to receiving club communications to keep me up to date with the latest news/events.	□ Yes □ No					

SECTION 7: RE	CRUITMENT					
Newport Swimn	ning Club runs on volunteer power. We are always looking fo	r new and				
enthusiastic he	lpers, be it poolside, fundraising, during competitions or on t	he Committee. Any				
help you can off	help you can offer, be it a little or a lot would be greatly appreciated.					
		□ Yes				
If you are a pare	nt/guardian and would like to be involved, please tick	100				
SECTION 8: ME	MBERSHIP AGREEMENT					
MEMBERSHIP AGREEMENT Please read The Code of Conduct & Discipline Policy & Procedure found on our website (www.nadaswimclub.org.uk) under About Us – Code of Conduct (please select the appropriate one)						
l <u> </u>	elow to confirm your membership (Mandatory)					
│	ing part in the activities of the club.					
\sqcup I understand	and accept the responsibilities which I have regarding these	policies				
\square I understand	any breach of my responsibilities may lead to suspension of	membership				
□ I understand	the club will register my details with Swim England					
MEMBERSHIP A	GREEMENT – Parent/Carer (for Under 18's)					
By returning thi	s completed form, I confirm that I have read and understood t	he permission				
statements on th	nis membership form and as Parent/Guardian I agree to suppo	ort Newport				
Swimming Club with expectations	in upholding these values and in ensuring that both my child as	nd I act in accordance				
☐ CI confirm I (th	ne parent/carer) have read the Code of Conduct - Parent & Discip	oline Policy &				
Procedure	· · · · · · · · · · · · · · · · · · ·	•				
Signature						
Date						
	GREEMENT - Swimmer					
	igree to support Newport Swimming Club in acting in accordance					
	uding the action that may be taken by my coach in the event of my					
I confirm I (the swimmer) have read the Code of Conduct – Athlete U18 & Discipline Policy &						
Procedure	h	- 0 Dii 1' D 1'				
\square C I confirm I (the swimmer) have read the Code of Conduct – Athlete 18&over & Discipline Policy						
& Procedure						
Signature						
Date						

MEMBERSHIP AGREEMENT – Coaches, Committee Members, Officials, Volunteers					
As a volunteer I agree to support Newport Swimming Club in acting in accordance with these					
expectations. (Please tick all that are relevant)					
☐ I confirm I (the volunteer) have read the Code of Conduct – Coaches & Teachers & Discipline					
Policy & Procedure					
☐ CI confirm I (the Volunteer) have read the Code of Conduct - Volunteers & Discipline Policy &					
Procedure					
Signature					
Date					
	_				