



# Newport & District Swimming Club

## MEMBERSHIP APPLICATION FORM

Once completed, the form should be returned electronically to  
[newportswimmingclub.membership@gmail.com](mailto:newportswimmingclub.membership@gmail.com)

### SECTION 1: APPLICATION DETAILS

This application covers the 2024 membership year from 1st Jan 2024 – 31st December 2024 please tick below membership being applied for:

	Membership	Amount
<input type="checkbox"/>	Club Train (Non-competitive, Masters)	£52.65
<input type="checkbox"/>	Club Compete (Competitive Swimmers)	£75.00
<input type="checkbox"/>	Sibling Club Compete (Competitive Swimmers)	£65.00
<input type="checkbox"/>	Club Support (Volunteers Only)	£0.00

Please can payment be made by 31<sup>st</sup> January 2024

To pay electronically the account details are:

**Newport Swimming Club**  
**Account Number:** 81321897  
**Sort Code:** 40-34-34  
**Reference:** Renewal Swimmers Surname

### SECTION 2: PERSONAL DETAILS

Please complete below the details of the member being registered

<b>Name:</b>	
<b>Male or Female:</b>	
<b>Date of birth:</b>	
<b>Home address</b>	
<b>Email Address</b>	
<b>Home Number</b>	
<b>Mobile Number</b>	

**Please Note:** Emails will be coming from [nadaswimclub@gmail.com](mailto: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 who can be contacted in an emergency	Phone number of named adult	Relationship which this person has with you

### SECTION 4: MEDICAL CONTACT DETAILS

Name of Doctor/Surgery name	
Doctor's telephone number	

### 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Does the swimmer registering have any physical or mental health conditions that have lasted or are expected to last 12 months or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**If yes, does this disability or illness affect any of the following areas (Tick all that Apply)?**

<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Learning impairment	<input type="checkbox"/> Stamina/Fatigue impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Memory impairment	<input type="checkbox"/> Developmental impairment
<input type="checkbox"/> Mobility impairment	<input type="checkbox"/> Mental Health impairment	<input type="checkbox"/> Other Please Specify:
<input type="checkbox"/> Dexterity impairment	<input type="checkbox"/> Breathing 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) ...  ..... hereby give my permission for the coach/ 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 U18) Date:

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: MEMBERSHIP AGREEMENT

### MEMBERSHIP AGREEMENT

Please read **The Code of Conduct & Discipline Policy & Procedure** found on our website ([www.nadaswimclub.org.uk](http://www.nadaswimclub.org.uk)) under About Us – Code of Conduct

#### Please tick all below to confirm your membership (Mandatory)

- I agree to taking part in the activities of the club.
- I confirm I have read the Code of Conduct & Discipline Policy & Procedure
- I understand and accept the responsibilities which I have regarding these policies
- I understand any breach of my responsibilities may lead to suspension of your membership
- I understand the club will register my details with Swim England

### MEMBERSHIP AGREEMENT – Parent (for Under 18's)

By returning this completed form, I confirm that I have read and understood the permission statements on this membership form and as Parent/Guardian I agree to support Newport Swimming Club in upholding these values and in ensuring that both my child and I act in accordance with expectations.

Signature

Date

### MEMBERSHIP AGREEMENT - Swimmer

As a swimmer, I agree to support Newport Swimming Club in acting in accordance with these expectations, including the action that may be taken by my coach in the event of my misbehaviour.

Signature

Date

**SECTION 8: RECRUITMENT**

Newport Swimming Club runs on volunteer power. We are always looking for new and enthusiastic helpers, be it poolside, fundraising, during competitions or on the Committee. Any help you can offer, be it a little or a lot would be greatly appreciated.

If you are a parent/guardian and would like to be involved, please tick

Yes