



CLWB NOFIO ABERGELE SWIMMING CLUB

APPLICATION FOR MEMBERSHIP

NAME: _____

D.O.B.: _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NUMBERS: HOME: _____

MOBILE: _____

E-MAIL ADDRESS: _____

TYPE OF MEMBERSHIP

JUNIOR (UNDER 16):

ADULT (OVER 16):

METHOD OF PAYMENT

PAYMENT IN FULL:

PAYMENT IN INSTALLMENTS VIA STANDING ORDER:

PLEASE ANSWER THE FOLLOWING QUESTIONS

1) Have you been a member of any other swimming club? YES/NO

If YES please state: _____

(Note, all such applications for membership of Abergele ASC must be approved by the Management Committee of the Club. This requires completion of an additional form available from the Membership Secretary of Abergele ASC also requires that you must not decline to swim for Abergele in favour of that club or swim or compete for another club against Abergele without written approval of the Management Committee.)

2) Do you agree to the above information being held on a computer? YES/NO

3) Please state any WASA/ASA Qualifications which you hold: _____

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4) Are there any medical conditions e.g. Asthma, Food Allergies etc, that we need to be aware of? YES/NO

If YES please give further details in the space provided:

5) In an emergency are you willing to give us permission to administer First Aid and to seek emergency medical treatment? YES/NO

6) Have you any objection to us publishing in the press, any photographs that might have been taken during the course of your membership of the club? YES/NO

I wish to apply for membership of Abergele ASC for 2006/2007. I have read and understand the conditions of membership of Abergele ASC and accept them. I agree to pay in full for the year if I cease to be an active member of Abergele ASC.

Signed: _____ Date: _____

(To be signed by Parent/Guardian if under 16)

_____ Bank **Standing Order**
 Postal Address: _____

Swimmers Name: _____

Please Pay:

Bank	Branch Title	Sort Code
HSBC	Abergele	40-08-05

Beneficiary's Name	Account Number	Quoting Reference
Abergele Amateur Swimming Club	6 1 1 8 5 6 1 6	
Amount	Amount In Words	
Date of First Payment	Due Date and Frequency	Date of Last Payment
	First Day of Each Month	Until Further Notice

And debit My/Our account accordingly.

Please cancel all previous standing order mandates in favour of Abergele Amateur

Account to be debited	Account Number	Sort Code

Signature - _____ Date: _____



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Parental Consent - Videoing for Coaching Purposes

As part of your child/ren's coaching programme, it may be come necessary for the coaching staff to highlight areas of stroke technique etc. that need to be improved. The most effective way to highlight any shortcoming is to video the swimmer during a coaching session and replay the video, pinpointing the areas that need to be addressed together with an explanation of how the shortcomings can be overcome.

Ever mindful of Child Protection issues that could result from this, the Club will ensure that the videos taken, will be cleaned after every feedback session, thus ensuring that the filming does not fall into the wrong hands.

In order for us to be able to do this, we need your permission as parents. Should you be willing/not willing for us to video your child/ren as part of their coaching programme. I would be grateful if you could complete the pro-forma attached and return it as soon as possible.

Thank you for your co-operation

Simon Lancaster
Club Chairman

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DELETE AS NECESSARY

I am/am not willing to allow my child/ren _____
_____ to be videoed for coaching purposes and give /
do not give permission for the club to do so.

Signed: _____ Date: _____

Parent of: _____