

**New Member Registration**

Dewsbury Amateur Swimming Club CLG www.dolphins-asc.co.uk

[dewsburyswimmingclub@gmail.com](mailto:dewsburyswimmingclub@gmail.com)

President: Ron Robinson

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Members Name  (Head of family if  family membership) |  | | | Date of Birth | |  | |
| Title (Mr, Mrs, etc.) |  | | | Age | |  | |
| Address |  | | | Home Phone | |  | |
|  | | | Mobile | |  | |
|  | | | Gender | |  | |
| Postcode |  | | | ASA No. (if known) | |  | |
| EMAIL ADDRESS …………………………………………………………………………………………….. If you pay ASA fees through an alternative club, please name the club:  If you wish to join on a family membership please enter additional members below | | | | | | | |
| Name | | DOB | Age | | ASA No. | | Gender |
|  | |  |  | |  | |  |
|  | |  |  | |  | |  |
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|  | |  |  | |  | |  |

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| --- | --- |
| Where did you hear about the club? If it was another member please tell us who it was. |  |

Parent/Guardian Details for all Members under the age of 18

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| --- | --- | --- | --- |
| Name |  | Relationship to  Swimmer |  |
| Address |  | Home Phone |  |
|  | Mobile |  |
|  | Email | |
| Postcode |  |  | |

I ………………………………………..(insert name) AGREE / DISAGREE (delete as appropriate) that the email provided may be used by Dewsbury ASC to send me relevant information regarding membership, club events, social events and products/services provided by the club. This may be changed at any time by contacting the committee

Company Number: 08784754

Registered office: c/o Harrison Blakeley Accountancy Limited, 21 Church Street, Horbury, WF4 6LT

Emergency Contact Details – Please give details of two people

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Telephone |  | Telephone |  |

Photographic Consent

Dewsbury Amateur Swimming Club CLG may wish to take photographs of individual and groups of members under the age of 18 that may include your child during their membership of the club. All photographs will be taken and published in line with the ASA Photography Policy. Please make selections below to accept/decline consent

|  |  |  |
| --- | --- | --- |
| Photograph and Video Usage by Dewsbury Amateur Swimming Club | Accept | Decline |
| Dewsbury ACS may take and use photographs and video on the clubs public and members only social networking sites including but not limited to Facebook, Instagram, Twitter etc. |  |  |
| Dewsbury ACS may take and use photographs and video to use in public newspaper articles and press releases or any form of marketing to encourage new members to join the club |  |  |
| Dewsbury ACS may take and use photographs and video on the clubs notice boards |  |  |
| Dewsbury ACS may take and use photographs and video for training purposes |  |  |
| Dewsbury ACS may take and use photographs and video using a professional photographer at any events attended or organised by the club |  |  |
| Dewsbury ACS may take and use photographs and video on the club website www.dolphins-asc.co.uk |  |  |

Swim England take their members privacy seriously and will only process personal data in accordance with their Privacy Policy. Please visit their website to ensure you have read and understood how their policy.

http://www.swimming.org/library/documents/2479/download

I ……………………………………….. (insert name) acknowledge receipt of the rules and code of conduct of Dewsbury Amateur Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership at the club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules. I confirm I have received the club privacy notice and have completed and returned the Medical Declaration for every member in my family (where applicable) which is attached to this document. . I accept if a member does not attend training sessions for a period of 4 weeks a committee member will make contact by phone or email to discuss if there is a problem the club need to be aware of or to confirm the member no longer wishes to be a member of the club. If the club are unable to contact you following 3 months of none attendance the member will have their membership cancelled without further notice.

Signed ……………………………………….. Date …………………………………………...

**Club Official Use Only**

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| **Category 1 Individual Membership**  Dewsbury Amateur Swimming Club Individual Membership  ASA Affiliation Fees (Not applicable if paid through another club)  ASA Region and County Affiliation Fees  Received ……………………………………. Date …………………………………… | | £10.70  £9.20  £6.10  £26.00 |
| **Category 2 Individual Membership (Top Up)**  ASA Affiliation Fees – **Additional Fee** | | £18.55 |
| **Family Membership Category 1 & Category 2**  Dewsbury Amateur Swimming Club Family Membership  ASA Affiliation Fees All members £9.20 x ….…... ASA Affiliation Fees Category 2 - **Additional Fee** £18.55 x ….….. ASA Region and County Affiliation Fees £6.10 x ….…..  Received ……………………………………. Date …………………………………… | | £23.00  £  £  £  £ |
| Additional Documents | Total Received | |
| Medical Declaration | Yes No (circle) Date…………………………… Notes: | |

Received by

Name ……………………………………….. Signed ……………………………………... Club Position……………………………….. Date …………………………………………