



**DARLINGTON AMATEUR SWIMMING CLUB
APPLICATION FORM
FOR CLUB MEMBERSHIP 2010**



Please write clearly in block capitals and complete all relevant parts. * = Optional
To be completed by parent/guardian for members under 18.
 Adults may omit parts of Sections B and D if not applicable
 One form for each member (swimming or non-swimming, child or adult)

<p><u>Section A: Personal Details</u></p> <p>Name:</p> <p>*Title: Mr/Mrs/Miss etc</p> <p>Gender: Male/Female</p> <p>Date of Birth (dd/mm/yy):.....</p> <p>Age (today):</p> <p>Address (including postcode): </p> <p>Home tel no:</p>	<p><u>Section B: Other Personal Details</u></p> <p>Name of parent(s)/guardian(s) at address in Section A: </p> <p>*Other tel nos for member and/or parent(s) eg mobile Name(s):.....</p> <p>Tel(s):</p> <p>.....</p> <p>*e-mail address(es) for member and/or parent(s) Name(s):.....</p> <p>e-mail(s):.....</p>
<p><u>Section C: Membership Category (tick one box)</u></p> <p><input type="checkbox"/> Swimming- 1st family member (£25)</p> <p><input type="checkbox"/> Swimming- 2nd family member (£20)</p> <p><input type="checkbox"/> Swimming- 3rd family member (£15)</p> <p><input type="checkbox"/> Swimming- 4th family member (£10)</p> <p><input type="checkbox"/> 1st parent (Free)</p> <p><input type="checkbox"/> 2nd parent (Free if actively involved /£5)</p> <p><input type="checkbox"/> Associate - (Free if actively involved /£5)</p>	<p><u>Section D: Health/Medical Information</u></p> <p>Medical conditions requiring treatment or medication: </p> <p>Medication:</p> <p>Other allergies or disabilities:</p>
<p><u>Section E: Contact in Case of Emergency</u></p> <p><i>Please nominate an additional person not mentioned in Section A or B</i></p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Tel(s):</p> <p>Relationship to member:</p>	<p><u>Section F: Permission for photos (tick one box)</u></p> <p>Do you give permission for photos or moving images of this member to be taken for training purposes or publicity and reproduced on the club website, noticeboards or local press with their names included?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Maybe (please be specific below)</p>
<p><u>Section G: Agreement(s) and Signature(s) (See website or Tuesday Club Desk for documents)</u></p> <p>1) I acknowledge that the rules of Darlington Amateur Swimming Club as set out in the Club Constitution will apply to the applicant on this form.</p> <p>2) I agree to the storage (on paper and computer) and use of the above data by the club for the sole purpose of dealing with the applicant on this form as a member of DASC.</p> <p>3) <u>Either</u> I agree to abide by the DASC Code of Conduct <u>or</u> If the applicant on this form is under 12, I have explained to them the contents and implications of the DASC Code of Conduct.</p> <p>Signature (of member if 18+, or parent/guardian if member under 18):.....</p> <p>Print name: Date:</p> <p>4) I am under 18 and agree to abide by the DASC Code of Conduct.</p> <p>Signature (of member if under 18):</p> <p>Print name: Date:</p>	