**A logo with text and feet

Description automatically generated with medium confidenceDacorum Artistic Swimming Club**

**Membership Form**

Welcome to Dacorum Artistic Swimming Club! To ensure we can provide you with a safe and enjoyable experience please complete the details below and submit to the club’s Membership Secretary (contact details at end of form). If the club member is under 18 years of age, then please provide contact details for the parent/guardian rather than the member.

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Gender Identity** (*Please circle as appropriate)* | Male / Female / Prefer Not to Say / Prefer to Self-describe: |
| **Category** *(Please circle as appropriate*. *For the purpose of competition)* | Open / Female |
| **Telephone** *(Parent/Guardian’s if under 18 yrs)* |  |
| **Email Address** *(Parent/Guardian’s if under 18 yrs)* |  |
| **Address** |  |
|  |  |
|  |  |
| **I give permission to be contacted by Dacorum Artistic Swimming Club** | *(Please circle)*  Post Yes/No  Telephone Yes/No  Email Yes/No  Text Yes/No |
| **Medical Information** (*Please include any primary and secondary impairments*. *All disclosures will be kept confidential).* |  |
| **Allergies** |  |
| **Medication** |  |
| **Special Needs or disabilities** |  |
| **Ethnicity** (*i.e. White British / Mixed White & Asian / Black Caribbean etc.*) |  |
| **Country of international representation** |  |
| **Emergency Contact 1** *(please include Name*  *and Tel Number (ideally a mobile number)* |  |
| **Relationship to applicant** |  |
| **Emergency Contact 2** *(please include Name and Tel Number (ideally a mobile number)* |  |
| **Additional Information**  *(Please include any information that you believe is relevant to help us provide you with a positive experience. Some examples may include: gender pronouns, reasonable adjustments you require, previous swimming experience or simply a preferred nickname!)* |  |
| **Is this the only club that the swimmer is a member of?** | Yes / No *(Please circle).*  If yes, name of other Club: |

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Dacorum Artistic Swimming Club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the Swim England Photography Policy.

Dacorum Artistic Swimming Club requires parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please indicate your permission below.

Please note you can withdraw your consent in writing to the Dacorum Artistic Swimming Club Welfare Officer at any time should you wish to do so.

|  |  |
| --- | --- |
| Photos to be used on the Dacorum Artistic Swimming Club’s website. *(Please circle)* | Yes/No |
| Photos to be included in newspaper articles. *(Please circle)* | Yes/No |
| Photos taken by professional photographer at events. *(Please circle)* | Yes/No |
| Filming for training purposes. *(Please circle)* | Yes/No |

I confirm that I have read and agree to abide by the Dacorum Artistic Swimming Club code of conduct and the Club policies.

I acknowledge receipt of the rules of Dacorum Artistic Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

Signature ......................................……... (*Parent/Guardian if under 18*) Date…………………….

I (PLEASE USE BLOCK CAPITALS) ………………………………………………………………. hereby give permission for the Coach or 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 under 18)* Date……………………

**Club Membership Secretary:** Agnieszka Bukowczyk

**Email:** dsscsecretary@gmail.com

All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need-to-know basis. If at any time any of the above details change, please contact the membership secretary. Our full privacy statement can be viewed on our web site ([www.dacorumartisticswimmingclub.com](http://www.dacorumartisticswimmingclub.com)). If you would like a copy, please contact the Club Membership Secretary.