



Club Membership Form

Mark One:

CARER		SWIMMER	
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SURNAME																					
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FIRST NAME																					
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OTHER NAMES														KNOWN AS										
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D.O.B				/							GENDER			NATIONALITY								
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ETHNICITY	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	DATE JOINED			/				/			
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COUNTRY OF RESIDENCE																	
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Ethnic Definitions: A~White-British; B~White-Irish; C~White-Other; D~Asian-Indian; E~Asian-Pakistani; F~Asian-Bangladeshi; G~Asian-Other; H~Chinese; I~Mixed-White and Black Caribbean; J~Mixed-White and Asian; K~Mixed-Other; L~Black-Caribbean; M~Black-African; N~Black-Other, O~Other

DISABILITY*	AMBULANT		WHEELCHAIR		VISUAL		HEARING		LEARNING	
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ADDRESS																					

PRIMARY CONTACT																											Tel: NUMBER														
EMAIL ADDRESS																																									
SECOND CONTACT																												Tel: NUMBER													
EMAIL ADDRESS																																									

<input type="checkbox"/>	CATEGORY 1	REGISTERED WITH ANOTHER SWIM CLUB? IF SO, WHERE?	YES	NO	
<input type="checkbox"/>	CATEGORY 3				

REGISTERED WITH SWIM ENGLAND?	YES	NO	REG NUMBER											
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I apply to become a member of Phoenix Swimming Club for disabled people and NASCH/Swim England. I understand that the annual membership fee is payable in advance, and is due for renewal on the 1st of January each year. I acknowledge receipt of the rules of Phoenix Swimming Club for disabled people 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. All data collected on this membership form will be kept securely by club personnel. The medical/disability information provided will be available to teachers/coaches on a need to know basis. If at any time any of the above details change please contact the membership secretary. The information held by us will only be shared with third parties with your prior informed consent or where required by Law. (For membership of NASCH/S.E. information from this form but not your medical form will be shared with NASCH/S.E. and stored by them under their own data protection rules).

SIGNED SWIMMER	DATE			/			/					
SIGNED PARENT (IF SWIMMER IS UNDER 18)	DATE			/			/					