

Membership Form



Name and Address	
First name (s):	Title:
Surname:	Gender: M/F/prefer not to say
Address line 1:	DOB (DD/MM/YY)
Address line 2:	
City/Town:	Postcode:
Number- home:	Number - mobile:
Emergency phone number:	
Emergency phone number name:	
Email address:	
Name of parent / carer (if member under 18):	
Tel no. parent/carers:	Mobile Tel No parent/carers:
Payment membership fee	
Payments can be paid by bank transfer <input type="checkbox"/>	Full payment Cash <input type="checkbox"/>
or Direct Debit monthly payments <input type="checkbox"/>	BACS ACCOUNT
Emergency contact information:	
Name of alternative adult who can be contacted in an emergency:	Relationship to child/young person/young person:
Day time Tel No alternative adult:	Mobile Tel No alternative adult:
Please confirm if there any activities that you/your child/young person can not participate in?	Please give details:
I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.	

Medical Information	
Do you/your child/young person use any medication?	Yes, please specify
Do you/your child/young person have any allergies?	Yes, please specify
Have you/your child/young person ever had any operations?	Yes, please specify
Do you/ your child/young person have any general medical problems?	Yes, please specify
Do you/your child/young person have any of the following medical issues:	
High/low Blood Pressure	<input type="checkbox"/> Asthma <input type="checkbox"/>
Heart disease	<input type="checkbox"/> Epilepsy <input type="checkbox"/>
Abnormal heart rhythms	<input type="checkbox"/> Physical disabilities including vision and hearing <input type="checkbox"/>
Stroke	<input type="checkbox"/> Joint or muscle problems <input type="checkbox"/>
Learning disabilities - please specify.	<input type="checkbox"/> Other - please specify <input type="checkbox"/>
Do you/your child/young person have any general medical problems? - please specify - continue on reverse if needed	
Sporting activities	
Are you currently active in sports? If yes, which? how often per week?	
Have you taken part in sports before? If yes, which? How long ago was this and at what level?	

Membership agreement

Junior (under 18)

☐

Family (form to be filled in for each members)

☐

Senior

☐

BTF Number if member _____

Consent/privacy (GDPR)/disclaimers

I can confirm that my child/young person is aware of the Swans code of conduct for child/young person and anti-bullying policy, code of conduct of the coaches and the name and function of the welfare officer

☐

I understand details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of you/your child/young person

☐

I consent to the collection, storage and use of all personal data for the purposes of Club related communication, activity, competition and administration.

☐

I understand photos taken during trainings and events could be used by local newspapers or our website and agree to this

☐

We take your privacy seriously and will only use information gathered in relation to our team that meets the specific responsibilities as set out in General Data Protection Regulations. However, from time to time we would like to contact you with details of fixtures, events, competitions and other information regarding the team. If you consent to us contacting you for these purposes please tick to say how you would like us to contact you:

E-mail

☐

Phone

☐

Text

☐

We will store your information on our team's data base for a maximum of 18 months unless re-registering.

Note: if you use our Team App or follow our Facebook page you should turn off notifications/IM groups if you don't want to receive these.

The Member warrants and represents upon their Membership Application Form, and repeats such warranty upon each visit to team activities, that they are in good physical condition and know of no medical or other reason why they should not engage in any form of exercise, and that such exercise would not be detrimental to their health, safety, comfort or physical condition. While we will make every effort to accommodate everyone no matter of fitness level, health problems or disabilities it is your responsibility to make sure you/your child are fit to participate in any session, that you/your child tell the coach before the session if any new problems have arisen and that you/your child stop exercising immediately if experiencing pain dizziness or breathing difficulties

Signature member

Date

Parent / Guardian signature (if under 18)

Date