



Alsager Swans Swimmers Form

Application for Membership

Please note that for safety and insurance purposes it will not be possible for the swimmers to swim in the pool until this form is completed and signed

Full name:		Date of birth:	
SWIMMING ABILITY?			
Home address:			
	Postcode		
Email address:			
Telephone number:		Mobile number:	
Emergency Contact Details	Name:		
Telephone number:		Relationship to swimmer:	
Have you any of the following? (Please tick box)	Yes	No	Comments
Visual difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Speech & language difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Balance problems or difficulty with movement	<input type="checkbox"/>	<input type="checkbox"/>	
Lung condition	<input type="checkbox"/>	<input type="checkbox"/>	
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	
Nerve or joint problems	<input type="checkbox"/>	<input type="checkbox"/>	
Fits	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health concern	<input type="checkbox"/>	<input type="checkbox"/>	
Any other conditions (please state)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a wheelchair user?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use a walking aid?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a clinical diagnosis*? What is it?			
Please list medication being taken*:			
Any other relevant information or special considerations:			
Do you require assistance:			
In the changing room	<input type="checkbox"/>	<input type="checkbox"/>	



At the poolside



*Notification of any change in medical condition or medication must be given to the Chief Instructor as soon as possible.

Medical Consent

IF REQUESTED BY CHIEF INSTRUCTOR - This section to be completed by a medical practitioner

Requirement to get consent from a medical practitioner will be at the discretion of the Chief Instructor.

I agree that this application has been filled in correctly and know of no reason why the applicant should not take part in an organised activity.

Doctors name:

Doctors address:

Doctors telephone number:

Recommended date for review (if necessary):

Signature:

Date:

Whilst the club is affiliated to the Halliwick Association of Swimming Therapy, which is an expert body in teaching people with disabilities to swim by the Halliwick Method, we are unable to accept responsibility for loss or damage to a person or their belongings. Members joining must abide by the rules of the club and the Code of Good Practice.

Information contained within this form may be kept on a digital file in addition to this paper copy. If you object to this information being stored in this way, please inform the IT Media & Data Protection Officer.



Photography/video consent

Alsager Swans request the consent of swimmers or parents/carers of swimmers and Volunteers to use photographs and videos to celebrate the club's events and achievements, to promote the club on social media and on the Swans website,

What are the conditions of use?

The photographs or videos taken will be stored securely for the duration of the members time at the Swans, The club will not use the personal details or full names in any photographs or video unless additional consent is requested/given. If, for example, a swimmer or volunteer has won an award and their parent/carer would like their name to be published alongside their photograph, *separate consent* will be obtained prior to this.

The club will only use photographs and videos of swimmers or volunteers who are suitably dressed, i.e. it would not be suitable to display any photograph of a swimmer in swimwear.

Consent

Signing this form means you are providing your consent for using the content (e.g. canal boat trip picture) on the club's website, or Swans Facebook pages or in local press.

Parents/carers have the right to withdraw their consent at any time. Withdrawing your consent will not affect any images or videos that have been shared/used prior to withdrawal.

It is the responsibility of swimmers, parents/carers of swimmers or volunteers to inform the Swans, in writing, if consent needs to be withdrawn by submitting your request in writing to the Chief Instructor.

Signature

Name of Swimmer or Volunteer	
If under the age of 18 or a vulnerable adult, the name of parent/carers	
Signature of Swimmer, Parent/carer of swimmer or Volunteer	date/...../.....

If you have any questions regarding this form, please do not hesitate to contact the Chief Instructor or Training Instructor via email alsagerswans1979@gmail.com



Please return this form to: Swans Chief Instructor or Training Instructor

Print name of person completing the form:	
Signed by person completing the form:	
If you are signing on behalf of someone else, what is your relationship to them?	
Date:	