

Andover Swimming & Water Polo Club

Member Information

Member Details

Surname:		Gender:	Male / Female / Other
Forename:		Date of Birth:	/ /
Known As:			

Does member currently have any special needs ? (eg disabilities, learning difficulties)	Yes / No
If Yes, please give details:	

Does member currently have any medical conditions ? (eg inhalers / epipens / allergies)	Yes / No
If Yes, please give details:	

Doctor/Surgery (Name, address & phone number)	
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Permissions

Do you give the club permission to administer paracetamol to the member if required ?	Yes / No
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Do you give the club permission to take and use photos and video of the member ? Photos or video may be taken at competitions, but also during lessons or training sessions for the purposes of stroke analysis and improvement, or staff training. We may use photos or video of the member alongside press releases and on our website.	Yes / No
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Member Contact Details (for members under age 18 this must be a parent or guardian living with the member)

Surname:		Home Address & Postcode:
Forename:		
Home Phone:		
Mobile Phone:		
Email Address:		

Second Contact Details (for emergencies only)

Surname:		Home Address & Postcode:
Forename:		
Home Phone:		
Mobile Phone:		
Email Address:		

Agreement:

By signing below, I confirm that :
<ul style="list-style-type: none">• I am the member detailed above, or that I have parental responsibility for that member where they are under age 18.• I have given accurate and complete information above, and that I will inform the club if any of this information changes.• I consent to this information being held by the club in paper and electronic form, and being used for club purposes.• I (and the member if under 18) will adhere to the club's codes of conduct which are available to view on the club's website.

Name:		Position:	Parent / Guardian / Member
Signature:		Date:	/ /