



CLUB MEMBERSHIP FORM

Welcome to the CAWPRA Swimming Club! In order 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 at front desk or on info@cawpra.org.uk. If the new club member is under 18 years of age then please provide contact details for the parent/carer rather than the member.

| | | | |
|---|----------|--|--|
| Name | | | |
| Date of Birth | | | |
| Gender (<i>Please delete as appropriate</i>) | | Male / Female / Prefer Not to Say / Prefer to Self-describe: | |
| Telephone | | | |
| Email Address | | | |
| Address | | | |
| Medical Information (<i>Please include any primary and secondary disabilities. All disclosures will be kept confidential and only shared when appropriate to do so</i>) | | | |
| Allergies | | | |
| Medication | | | |
| Emergency Contact 1 (name, number and relationship to member) | | | |
| Emergency Contact 2 (name, number and relationship to member) <i>One of these must be a mobile number and not a landline</i> | | | |
| Ethnicity (<i>i.e. White British / Mixed White & Asian / Black Caribbean etc.</i>) | | | |
| Country of international representation | | | |
| Additional Information (<i>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!</i>) | | | |
| Is this the only club that the swimmer is a member of? | Yes / No | Other Club | |

The club may wish to take photographs or film individual and groups of members under the age of 18 that may include your child during their membership. All photographs and filming and all use of images will be in accordance with the Swim England Photography and Filming Guidance and the clubs Privacy Policy. The club requires consent to take and use photographs. Parents/Guardians have a right to refuse agreement to their child being photographed. As the parent/guardian please indicate your permission below. Please note you can withdraw your consent at any time should you wish to do so. This must be done in writing to the club Welfare Officer.

Club Fees for 2025 – Due by February 2nd

Annual Membership fee for all members £140.

There is an initial joining fee of £20 for all new members and any members not having paid by the above date.

Please use Internet Banking (BACS) using:

Sort Code: **208417**
 Account Number: **70251380**
 Account Name: **CAWPRA Swimming Club.**

Please quote the members name in the reference box and confirm transfer by email to info@cawpra.org.uk. NB we can no longer take payment by cheque
 Please avoid making payment by cash unless you have no alternative.
 This form can be emailed or handed in at the desk.

If online payment, date transfer made.....

As parent/guardian of _____ * I am happy for:
 (confirm yes/no below) **Insert Childs name above**

| | |
|--|--------|
| My child's photograph to be used on club (secure) website | Yes/No |
| My child's photograph to be used on club social media platform/s | Yes/No |
| Photos to be included in newspaper articles | Yes/No |
| Photos taken by professional photographer at events | Yes/No |
| Filming for training purposes | Yes/No |

I confirm that I have read, and agree to abide by the code of conduct and the club policies.
 I acknowledge receipt of the rules of CAWPRA 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 PRINT IN BLOCK CAPITALS) being the parent/guardian of the above-named child hereby give consent to the use of this information by the club for the protection and safeguarding of my child's health. I also give permission for the Coach, Team Manager or other Club Officer to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I understand that the club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

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

The club will use your personal data for the purpose of your child's involvement in training, activities or competitions with the club. For further details of how we process your personal data or your child's personal data please our Privacy Policy. The Clubs Privacy Policy can be found at <http://www.cawpra.org.uk/conduct.php>

If at any time any of the above details change please contact the membership secretary on front desk or at info@cawpra.org.uk.